115000086843

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 376299 8197601				
AUTHORIZATION: Squell de man				
COST LIMIT : \$25.00				
ORDER DATE : January 13, 2022				
ORDER TIME : 10:12 AM				
ORDER NO. : 376299~034				
CUSTOMER NO: 8197601				
CHANGE OF AGENT				
NAME: IMA GROUP MANAGEMENT COMPANY, LLC				
TIPC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
AA PHAIN STAMPED COFT				
CONTACT PERSON: Alexxis Weiland EXT#				
EXAMINER:				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: IMA GROUP M	ANAGE	MENT CO	MPANY, LLC
2 . (u)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	`	(b)	
	660 White Plains Road Suite 630		660 Wi	nite Plains Road Suite 630
	Tarrytown, NY 10591	<u> </u>	Tarryto	wn, NY 10591
	05/15/2015		L150000	86843
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
5. (u)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of S	tate:
	C T CORPORATION SYSTEM			20
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>:S)</u>	
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION FI	33324		STOKE WALLEY OF STATE STATE
				一
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	<u>ddress</u> :	一种·一种
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	32301		
change agent w was/we	mited liability company is not organized under the lator changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited little authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin	ed office a ompany, it nited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	Xie E agnie	Jill	Cilmi, Aut	horized Person
Signat	Signature of a member or authorized representative of a member Printed or typed name of signee			
provision the obli to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	ee to ac perform d for in (hereby c	t in this ca ance of m Chapter 6 onfirm tha	pacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
-6.	Droce C-Kuble	Grace E. Kirby, Asst Vice President		