L19000017025

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CECTA CONTRACTOR

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT: Imaginationland LLC	Imaginationland LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	s matter to the following:					
Shaffiq Ladak						
Name of Person						
Imaginationland LLC						
Firm/Company						
870 Isle Point						
Address						
Sanford, FL 32771						
City/State and Zip Code	71 p. 2					
imladak@gmail.com						
E-mail address: (to be used for future annu	ual report notification)					
For further information concerning this matter,	please call:					
Zahira Ladak	407 733-9391					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

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.

Na	me of the limited liability company: Imaginationlar	nd LL	.C	
(a)	870 Isle Point,		(b) 870 Isle	e Point,
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-, <u></u>	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	Sanford, FL,	_	Sanford	i, FL,
	32771		32771	
	January 15, 2019		L190000	17025
	Date of filing/registration in Florida	4.		Document number
(a)	Zahira Ladak			
(4)	Registered Agent and Registered Office shown on the records of t	he Flor	ida Dept, of Sta	te:
	Registered Office Address	DDRE	<u>(S.S.)</u>	_
	870 Isle Point			7 <u>8</u> 2
	Sanford . FL	3277	1	
(b)	Shaffiq Ladak			- R D
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	FLORIDA
	NEW Registered Office Address:			_
				_
	, FL	·		_
e cha ent w as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the resibility f the l	gistered offic company, it imited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Ward -	Z	ahira Lada	k
Signat	ture of a member or authorized representative of a member	_		Printed or typed name of signee
ovisi e obl mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address. It is written was change.	ee to c perfor I för it ièreby	ict in this cap mance of my 1 Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent