

L22000208141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

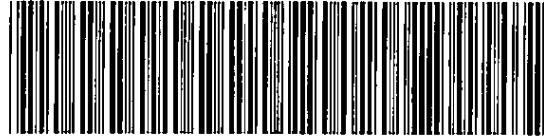
(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 OCT 20 AM 11:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
DIVISION OF CORPORATIONS
2025 OCT 20 PM 2:46

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

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

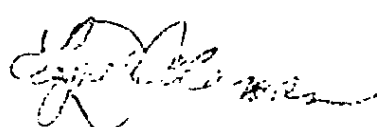
COST LIMIT : \$ 25.00

ORDER DATE : 10/20

ORDER TIME :

ORDER NO. :

CUSTOMER NO:



CHANGE OF AGENT

NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
___ ___ PLAIN STAMPED COPY

CONTACT PERSON:

EXAMINER'S INITIALS: _____

**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. Name of the limited liability company: IMCMV BAYTOWNE LS LLC

2. (a) 4901 VINELAND ROAD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 600
ORLANDO, FL 32811

(b) 4901 VINELAND ROAD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 600
ORLANDO, FL 32811

05/02/2022

3. Date of filing/registration in Florida 4. Document number

5. (a) IMCMV Holdings Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2600 DOUGLAS ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 304

CORAL GABLES, FL 33134

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ Hector M. Pereira

Hector M. Pereira, Authorized Signer

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/S/ Grace E. Kirby

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**

COA-566788

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