(((H24000321733 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070

Phone Fax Number

: (888)462-3453 : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	EFILE1234@INCFILE.COM	

## LLC REGISTERED AGENT CHANGE IMPERIAGROUP LLC

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M. SOLOMON SEP 2 4 2024

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IMPERIAGROUP LLC	mited Liability Company
	anica thannity Campany
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
LOVETTE DOBSON	
Name of Person	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Firm/Company	2024 SEP 23
17350 STATE HWY 249 #220	-i. E. "T
Address	
HOUSTON TX 77064	PH 4:01
City/State and Zip Code	ATE OI
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
LOVETTE DOBSON at (	8884623453
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	it:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H24000321733 3)))

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.

L. Na	me of the limited liability company: IMPERIA	AGROUP LLC			
	1150 NW 72ND AVE., TOWER 1		(b) PADILLA #461 - CHUQISACA		
2. (11)	Principal office address of limited liability company.  (Nate: MUST BE STREET ADDRESS)	Mailing address of limited liabi	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)		
	STE 455				
	MIAMI 33126	SUCRE 0001 BO	<u> </u>		
	09/17/2024	L24000404537			
3.	Date of filing/registration in Florida	4. Document number			
5. (a)	SOTOMAYOR CONSULTING INTERN				
•	Registered Agent and Registered Office shown on the records	s of the Florida Dept. of State:	ı		
	1703 ANDROS ISLE A4	······	<b>ა</b>		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESSI	2001. CCE THE THE TENT OF THE		
	COCONUT CREEK	FL 33066 50 2	e para N		
	REPUBLIC REGISTERED AGENT L Linter name of NEW Registered Agent and/or NEW Register	red Office address:			
	1150 Nw 72nd Ave Tower 1				
	NEW Registered Office Address:				
	Ste 455	·			
	Miami	FL 33126			
change agent w was/wei	mited liability company is not organized under the lor changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited reauthorized by an affirmative vote of the members less of organization or the operating agreement of the	he registered office and the business office of the liability company, it is hereby confirmed that the s of the limited liability company or as otherwise he limited liability company.	e registered e change(s) e provided in		
Signate	ere of a member or authorized representative of a member	Vladimir Hurtado Printed or typed name of signe			
I herch provisió the oblig to merci notified	v accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide weighted accept as provided weighted achieves, in writing of this chapte.  The Registered Agent	wree to act in this capacity. I further agree to co	analy with the		