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(Re	equestor's Name)			
(Ac	dress)	······································		
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AUG 2 5 2018 S. YOUNG 18 AUG 21 PH 14:52 SECRETANT OF STATE FALLAHASSEE, FLORIDA



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscqlobal.com

Date: August 17, 2018

Order#: 342712/001

Re: IMAGINA CONTENT MIA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25___.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Anthony Arthur

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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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

2. (a)	7291 NW 74 STREET	(b)	7291	NW 74 STREET
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33166		MIAMI,	FL 33166
	10/20/1999	_	L990000	006889
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI SERVICES, INC.			
·· ()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	ate:
	1200 SOUTH PINE ISLAND ROAD			18 AL
	Registered Office Address (MUST BE FLORIDA STREET)	STREET ADDRESS)		AUG PI
				6 2 ASS
	Di-t-K-			G 21 PH
	Plantation	33324		
(b)	Corporation Service Company			L'ORI
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	52 NDA
	1201 Hays Street			_
	NEW Registered Office Address:			
				_
	Tallahassee . FI	32301_		<u> </u>
the cha agent was/w the art	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist ability cor of the limi	ered offic npany, it ted liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
- Cin-	iture of almember or authorized representative of a member	Jill C	ilmi, Auth	orized Person
I here provisi the obi	hy accept the appointment as registered agent and agious of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performand for in C hereby co	in this cap nce of my hapter 60 nfirm that	Printed or typed name of signee pacity. I further agree to comply with the state duties, and I am familiar with and accep- 15. F.S. Or, if this document is being filed t the limited liability company has been