DOCU	MENT #		007960	MI (O						
1. Entity Name IMRGLOBAL, LLC						FILED				
Principal Place of Business Mailing Address						91 JUL 16 AM 8:47				
100 SOUTH MISSOURI AVENUE			100 SOUTH MISSOURI AVENUE			ECRETARY	OF STATE			
CLEARWATE	H FL 33756		CLEARWATER FL 33756		TIG.	LLAHASSI	E, FLORIDA			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SE	PACE	
City & State			City & State			4. FEI Numbe	APPLIED	FOR-		oplied For
Zip	Country		Zip Coun			5. Certificate of	of Status Desired		5.00 Add	
6. Name and Address of Current Registered Agent				Nan		7. Name and	Address of New R			
IMRGLOBAL CORP ATTN: GENERAL COUNSEL 100 SOUTH MISSOURI AVE						O. Box Number	r is Not Acceptable)		
CLEARWATER FL 33756				City	City			FL Zip Code		
8. The above	named entity submit	s this statement fo	r the purpose of changing its	registered offic	e or registered	agent, or both	, in the State of Flo	rida.	1	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required in the image) FILE NOW!!! FEE IS \$50.0 Make Check Payable to Department Due By September 26, 2001							:	DATE	•/ :	
9.		NAGING MEMBE		10.			ADDITIONS/	CHANGES	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SANAN, SITISH 100 SOUTH MI CLEARWATER	ssouri ave	Delete .	TITLE NAME STREET ADDRI	SS	· 4	:00 <u>0</u> 0) 488 0] Change 364	□ Addition 9 -011
TITLE	MEM		Delete	TITLE		Harry Co	米米米米	*50.00] 数据表	*50A00A
NAME Street address City-St-Zip	ADDONISIO, VI 100 SOUTH MI CLEARWATER	ssouri ave	ran in the second and the second	NAME STREET ADDRI		er je me	ا گاھ جا رھي			
TITLE NAME	MEM MOLSICK, ROE		Delete Delete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP	100 SOUTH MI	SSOURI AVE		STREET ADDRE	ss					
TITLE	CLEARWATER MEM	FL 33/56	Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PATEL, DILIP 100 SOUTH MI CLEARWATER			NAME STREET ADDRE CITY-ST-ZIP	ss					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate	TITLE NAME STREET ADDRE	IMR.	MEM global C uth M water;	orpi issouri Av FL 3375	e.	Change	X Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRE					Change	☐ Addition
	ertify that the informa	tion supplied with	this filing does not qualify for	CITY-ST-ZIP	stated in Section	on 119 07(3\6)	Florida Statutes 1	further certify	that the in	formation

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

DILLY FATEL, UP- GUASAA GUAJE!

SIGNATURE:

DILLY FATEL, UP- GUASAA GUAJE!

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

STAPLE CHECK HERE