M02000003448

(Requestor's Name)							
(Address)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Duninger Fatity Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

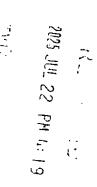
Office Use Only



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TILED



CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 07/22/25

Order #: 3101865-67

Re: IMPERIAL PROPERTIES, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

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

. 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.

I. N	lame of the limited liability company: IMPERIAL PRO	OPERTIE	ΞS	, LLC				
2. (a)		((b)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE POS	ed liability	compa	ıy:	
	8816 SIX FORKS RD STE 201			8816 SIX FORKS RD STE 20	01			
	RALEIGH. NC 27615		•	RALEIGH, NC 27615				
	12/30/2002		ļ	M02000003498				
3.	Date of filing/registration in Florida	4.	_	Document number				
5. (a	,							
J. (a	Registered Agent and Registered Office shown on the records of LEGALING CORPORATE SERVICES INC.	of the Floric	da I	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET)	T ADDRES	<u></u>					
	476 RIVERSIDE AVE					~>		
	JACKSONVILLE , F	L_32202			259 228	2025 JUL 22	- ₁	
						<u>)</u> 2		
(b)	Enter name of NEW Registered Agent and/or NEW Registere				\(\frac{1}{2}\)			
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office a	<u>ddı</u>	ress:	7	P		
	Corporation Service Company				100 100 100 100 100 100 100 100 100 100		•	
	NEW Registered Office Address:				لمدي	F		
	1201 Hays Street							
	Tallahassee	32301						
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lagere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the te register liability c of the lin	red on mit	I office and the business office npany, it is hereby confirmed ted liability company or as other ted liability company or ted	e of the 1 that the	egister change	ed (s)	
	/S/ Jonathan Gaines			Jonathan Gaines, Authorized Person				
	ature of a member or authorized representative of a member			Printed or typed name				
provis the ol- to me	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet obligations of my position as registered agent as provid rely reflect a change in the registered office address, led in writing of this change.	gree to ac e perforn ed for in Thereby c	t i rar Cl.	n this capacity. I further agre- ice of my duties, and I am Jan hapter 605, F.S. Or, if this do- ifirm that the limited liability	re to con viliar wit cument t company	iply wi h and i s being t has b	th the accept gfiled een	
Signat	ure of Registered Agent							
_	e E. Kirby, Asst. Vice President							

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 COA-334259 FILING FEE: \$25.00