

M04000004365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

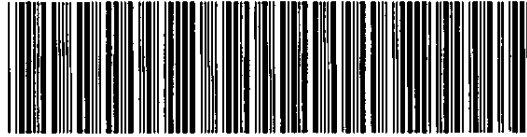
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 11 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imperiale Realty Group, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Del Renaldy

Name of Person

Imperiale Resource Associates LLC

Firm/Company

353 S Hampton Club Way

Address

Saint Augustine, FL 32092

City/State and Zip Code

slickdm@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Del Renaldy

Name of Person

at (904) 505-7322

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Imperiale Realty Group, LLC

2. The Florida document number of this limited liability company is: M04000004365

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: October 13, 2004

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Imperiale Resource Associates, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent


7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction

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TALLAHASSEE, FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Del Renaldy

Typed or printed name of signee

Filing Fee: \$25.00

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15 JUN -8 AM 10:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0452107
DATE INC/AUTH/FILED: : August 23, 2004
JURISDICTION : Georgia
PRINT DATE : 06/03/2015

Del Renaldy
353 S Hampton Club Way
Saint Augustine, FL 32092

CERTIFIED COPY

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents maintained by the Corporations Division of the Office of the Secretary of State of Georgia under the name of

IMPERIALE RESOURCE ASSOCIATES, LLC
A Domestic Limited Liability Company

Said entity was formed in the jurisdiction set forth above and has filed in the Office of Secretary of State on the 23rd day of August, 2004 its certificate of limited partnership, articles of incorporation, articles of association, articles of organization or application for certificate of authority to transact business in Georgia. This Certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

WITNESS my hand and official seal in the City of Atlanta and the
State of Georgia on 06/03/2015



B. P. Kemp

Brian P. Kemp
Secretary of State

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF NAME CHANGE

I, **Brian P. Kemp**, The Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

IMPERIALE REALTY GROUP, LLC

Name Changed To

IMPERIALE RESOURCE ASSOCIATES, LLC

is hereby issued a CERTIFICATE OF NAME CHANGE under the laws of the State of Georgia on March 23, 2015 by the filing of all documents in the Office of the Secretary of State and by the paying of all fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on May 13, 2015



B. P. Kemp

Brian P. Kemp
Secretary of State



Brian P. Kemp
Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION

237 Coliseum Drive
Macon, Georgia 31217-3858
(404) 656-2817
sca.georgia.gov/corporations

Articles of Amendment
to Articles of Organization

Article One

The name of the limited liability company ("company") is:

IMPERIALE REALTY GROUP, LLC

Article Two

The date the articles of organization were filed was: August 23, 2004

Article Three

The company hereby adopts the following amendment to change the name of the company. The new name of the company is:

IMPERIALE RESOURCE ASSOCIATES, LLC

Article Four

(Check, and if applicable complete, one of the following)

☒ The articles of amendment shall be effective upon the filing with the Secretary of State.

☐ The articles of amendment shall be effective on: _____ at _____
(Date) (Time)

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment on

March 19, 2015

(Date)

H. Brian Sams
Signature

H. Brian Sams

Print Name

Capacity (choose one option only): ☐ Organizer

☐ Member

☐ Manager

☐ Court-Appointed Fiduciary

☒ Attorney-in-fact

Email Address: brian.sams@samscoale.com

RECEIVED

MAR 23 2015 Form CD 115
(Rev. 2/2015)

SECRETARY OF STATE