

M12000004259

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (512)418-5949
Fax Number : (954)208-0845

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

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JULIANI, JEFFREY - TALLAHASSEE, FLORIDA

17 JUL -7 AM 11:49
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
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LLC REGISTERED AGENT CHANGE IMAGENET CONSULTING OF TAMPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMAGENET CONSULTING OF TAMPA, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Taylor
Name of Person

IMAGENET CONSULTING OF TAMPA, LLC
Firm/Company

913 N Broadway Ave
Address

Oklahoma City OK 73102
City/State and Zip Code

Mtaylor@imagenetconsulting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Taylor at (405) 600-1317
Name of Person 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
- \$55 Filing Fee & Certified Copy

IN11818 (2/14)

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.

1. Name of the limited liability company: IMAGENET CONSULTING OF TAMPA, LLC

2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>Mailing address of limited liability company</u> <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>913 N. BROADWAY</u>	<u>913 N. BROADWAY</u>
<u>OKLAHOMA CITY OK 73102</u>	<u>OKLAHOMA CITY OK 73102</u>

3. <u>07/27/2012</u>	4. <u>M12000004259</u>
Date of filing/registration in Florida	Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Pat Russell
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5014 TAMPA WEST BLVD
TAMPA, FL 33634

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 17 JUL -7 AM 11:49
 FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u>Ambet Gabric</u>	<u>Ambet Gabric</u>
Signature of a member or authorized representative of a member	Printed or typed name of signer

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 665, 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.

By: James M. Halpin Assistant Secretary
 Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00