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(Re	questor's Name)				
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PICK-UP	MAIT WAIT	MAIL			
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Special Instructions to Filing Officer:					
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Office Use Only

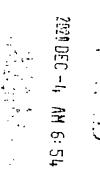


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S. YOUNG





CSC - WILMINGTON
251 Little Falls Drive
Wilmington ' De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: December 2, 2020

Order#: 519789-017

Re: IMAGENET CONSULTING OF TAMPA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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.

l. Na	ame of the limited liability company: IMAGENET CO	NSUL	TING O	F TAMPA, LLC	
2. (a)	913 N. Broadway Ave.		(b) 913	N. Broadway	Ave.
(14)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(=)	_	dress of limited liability company: MAY BE POST OFFICE BOX)
	Oklahoma City, OK 73102	_	Okl	ahoma City, Ol	K 73102
	07/27/2012		M120	000004259	
. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Docume	ent number
. (u)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Floa	rida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRI	ESS)		~?
	PLANTATION , FL	3332	24		330 BEC
(b)	Corporation Service Company				1
	Enter name of NEW Registered Agent and/or NEW Registered	Office	<u>address</u> :		WH 6:5
	NEW Registered Office Address:				£
	1201 Hays Street				
	Tallahassee, FL	3230	1		
hange igent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of prganization or the operating agreement of the	regist ability of the l	ered off compar limited l	ice and the bus y, it is hereby iability compa	siness office of the registered confirmed that the change(s)
	Xie E. Cionie	J	ill Cilmi,	Authorized Pe	rson
l here provisi he obl o meri	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions 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 i d in writing of this change	pertor	mance (is capacity. If of my duties, ar	nd I am tamiliar with and accept
-	re of Registered Agent				
Grace E	E. Kirby, Asst. Vice President of Corporation Service Company Division of Corporations P.O. 1	Box 6	327• Ta	llahassee, FL	32314

FILING FEE: \$25.00