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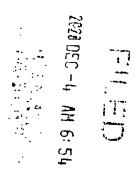
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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M 2 1 2021 S. YOUNG



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#: 519789-013

Re: IMAGENET CONSULTING OF MIAMI, 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.

I. Na	me of the limited liability company:	NSUL	TING	OF MIA	MI, LLC	
2. (a)	913 N. Broadway Ave		(b) 913 N. Broadway Ave.			
·· (··)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Oklahoma City, OK 73102		-	Oklahom	a City, OK 73102	
	07/27/2012		N	11200000	04265	
3.	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.			Document number	
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			100 DEC		
	PLANTATION , FI	3332 L_	24			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> NEW Registered Office Address:	d Office	addı	<u>ress</u> :	6: <u>5</u>	
	1201 Hays Street				_	
	Tallahassee, Fi	3230 L	1		_	
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regist iability of the l	ered con limit	office ar ipany, it ed liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	Xie E. Coni	J	ill Ci	lmi, Auth	orized Person	
I herei provisi he obl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agent ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change	nertoi	mar	ce at my	duties, and I am tamiliar with and accept	
_	i. Kirby, Asst. Vice President of Corporation Service Company Division of Corporations P.O.	Box 6	327•	Tallaha	issee, FL 32314	

FILING FEE: \$25.00