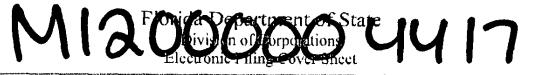
7/7/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001776963)))



H170001776963ABCB

ote: DO		RESH/RELOAD button on your browser for will generate another cover sheet.	rom thispage.
ورون بر برینده دینون در برون	Donig	so will generate another cover sheet.	<u> </u>
To:		•	
10.	Division of Co	orporations	- - 1
	Fax Number	: (850)617-6383	EC -0
From:			
	Account Name	: C T CORPORATION SYSTEM	위치 13
	Account Number	: FCA000000023	高宝 2
	Phone	: (512)418-6949	<u> </u>

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

: (954)208-0845

Fax Number

Fmail	Address:			

RECEIVED

LLC REGISTERED AGENT CHANGE IMAGENET CONSULTING, LLC

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

Electronic Filing Menu

Corporate Filing Menu

HARRIE HARRIE

COVER LETTER

TO:	Registration Section Division of Corporations		
			;#
SUBJI			
	Nan	ne of Limited I	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the	following:
Matthe	w Taylor		
	Name of Person		
lmagen	net Consulting, LLC		
	Firm/Company		
913 N I	Broadway Ave		
	Address		
Oklaho	oma City OK 73102		:
	City/State and Zip Code		
Mtaylo	r@imagenetconsulting.com		
Ē	-mail address: (to be used for future ann	ual report noti	fication)
For fur	ther information concerning this matter,	please call:	*
Mauhev	w Taylor	405 at (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		Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	□ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy
INHS18	(2/14)		

A'U

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 Conse		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	913 N Broadway Ave	913 N Br	roadway Ave
	Oklahoma City OK 73102	Oklahom	a City OK 73102
	08/06/2012	1M1200000	04417
3.	Date of filing/registration in Florida	4,	Document number
= (a)			
). (H)	Registered Agent and Registered Office shown on the records of the second of the records of the second of the seco	of the Florida Dept. of St	ate:
	BUSINESS FILINGS INCORPORATED		- 10 BB
	Registered Office Address	T ADDRESS)	
	1200 South Pine Island Road	; ·	35E
	Plantation, F	33324	SECRETARY OF
			PH IZ: 2
(b)	Enter name of NEW Registered Agent and/or NEW Register		FLORIDA FLORIDA FLORIDA
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	90 -
	C T Corporation System		
	NEW Registered Office Address:		
	1200 South Pine Island Road		_
	Plantation	33324	
	Plantation , F	7 L	
he cha igent v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered offi liability company, it s of the limited liabil he limited liability co	ice and the business office of the register is hereby confirmed that the change(s) lity company or as otherwise provided in
	Ambus Bubric	Amber Gabric	
	MILLIAN CHAPTE		Desirated and acceptable desirated as a second
Signa	thre of a member or authorized representative of a member obvious the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as proving reflect a change in the registered office address,		Printed or typed name of signee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00