

M18 000000 1884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

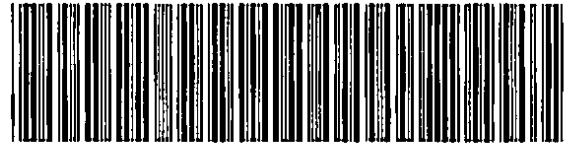
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JAN -5 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FL

JAN 11 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2021

KENNY PRESGRAVES
14476 DUVAL PLACE
WEST STE 303
JACKSONVILLE, FL 32218

SUBJECT: IMSC GROUP LLC
Ref. Number: M18000001884

We have received your document for IMSC GROUP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong Amendment form was submitted. I am enclosing the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 521A00030736

RECEIVED
2021 DEC -5 AM 10:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMSC 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:

Kenneth W Presgraves
Name of Person

IMSC Group LLC
Firm/Company

14476 Duval Pl. West - 303
Address

Jacksonville, FL. 32218
City/State and Zip Code

Kenny.PRESGRAVES@imsc-group.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenny Presgraves at (904) 772-4363
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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: IMSC GROUP LLC

Enter new principal office address, if applicable:

(Principal office address

MUST BE A STREET ADDRESS)

14476 DUVAL PL. WEST-303
JACKSONVILLE, FL 32218

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

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

M1800000/884

3. Jurisdiction of its organization:

DUVAL County FL.

4. Date authorized to do business in Florida:

2-22-18

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

5. New name of the limited liability company:

(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 officer 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:

KENNETH W PRESGRAVES

New Registered Office Address:

14476 DUVAL PL. WEST-303

Enter Florida Street Address

JACKSONVILLE

City

Florida 32218

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.

Signature of New Registered Agent

