6/14/22, 2:16 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

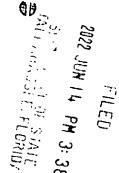
Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMAJN SERVICES, LLC

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T. LEMIEUX JUNH 419 2022 12

To:

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)	
Name of limited liability Company as it appears State: Imain Services, LLC	s on the records of the Florida Department of
mer new principal office address, if applicable:	
<u>Principal office address</u> IUST RE A STREET ADDRESS)	
nter new mailing address, if applicable: <u>Mailing address</u> <u>IAY BE A POST OFFICE BON</u>)	
. The Florida document number of this limited lia	bility company is: M20000008854
. Jurisdiction of its organization: Delaware	
. Date authorized to do business in Florida:	10/06/2020
ECTION II (5-9 complete only the applicable	
. New name of the limited liability company: (mus	t contain "Limited Liability Company," "L.L.C.," or "L.L.C.")
If name unavailable, enter alternate name adopted opy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C.	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate nan C." or "LLC.")
. If amending the registered agent and/or registere	ed officer address on our records, enter the name of the new ddress here:
Jame of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	Florida City Zip Code

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.

From: Kaity Toon

Page: 4 of 4

3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:					
ide/ Capacity	Name	Address T	ype of Action		
lanager	Rence DeLeo	12425 Glenridge Lane, Parish FL 34219	☑Add		
			□Remo		
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aforementi	a certificate, if tequired; no more oned amendment(s), duly authentic under the law of which this entity	eated by the official having custody of records in the	□Remo		
*	/s/Jami Schulman				

Filing Fee: \$25.00