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Date: 10/05/2015	Account #: I20000000088
	Account W. 12000000000
Name: Darian Shump	
Reference #: C013032	
ENTITY NAME: IMAGINE SCHOOL AT NORTH PORT, INC.	
Articles of Incorporation/Authorization to Transact Business	
Amendment	
Annual Report	
Change of Agent	
Reinstatement	
Conversion	
Merger	
Dissolution/Withdrawal	
Fictitious Name	
Other:	
Authorized Amount: 435.00	
Signature:	

statement of char	rovisions of sections 607 age is submitted for a cor to change its registered	poration organized	lunder the laws of the S	tate of Flor			
1. The name of th	e corporation: IN	AGINE SC	HOOL AT NOR	TH PORT,	INC.		
2. The principal o	office address:	\VE	NORTH PORT	FL	34289		
-	dress (if different):	IITE 610	ARLINGTON	VA	22201		
4. Date of incorpo	pration/qualification:	uly 16, 2010	Document number:	N100000	06769		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)							
_	Corpora	tion Service	Company		2016 OCT		
_	1	201 Hays St	reet	一	11		
_	Talla	hassee, FL	32301	# PFG	1 1 1		
(if changed):	street address of the new			FT OR IDA	0 10: 49		
-	National Corpo	iale Reseal	GII, Eta., IIIC.				
_	Tallahassee, F	P.O. Box NOT accep	labic				
The street address as changed will be	s of its registered office a e identical.	and the street addr	ess of the business offic	ce of its registere	ed agent,		
	authorized by resolution board, or the corporatio	duly adopted by in has been notified	ts board of directors or l in writing of the chang	by an officer so ge.			
Signature	of an efficiency theoret repres		Isabel Berio Printed or typed name				
I hereby accept the I further agree to performance of in agent. Or, if this hereby confirm the second in the confirm the second in the second	e appointment as registe comply with the provisi y duties, and I am famile document is being filed at the corporation has b	ered agent and agi ons of all statutes i ar with and accep merely to reflect a een notified in wri	ree to act in this capaci. relative to the proper at t the obligation of my p change in the registere ting of this change.	ty. nd complete osition as regist nd office address	tered , I		
Jee Signar	ar Hora		9/30/2 Date	-015			
Ye aiamin a an haba	lf of an antitu						

If signing on behalf of an entity:

SEAN HONAN, ASSISTANT SECRETARY

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *