

N 1 0000057141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE

2015 OCT -6 PM 10:50

15 OCT -6 PM 10:50

10/7/15

Date: 10/05/2015

Account #: I20000000088

Name: Darian Shump

Reference #: C013032

ENTITY NAME: IMAGINE - WEST BROWARD, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

Authorized Amount: \$ 35.00

Signature: 

BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: IMAGINE - WEST BROWARD, INC.
2. The principal office address: 13790 N.W. 4TH STREET, SUITE 208 SUNRISE FL 33325
3. The mailing address (if different): 13790 N.W. 4TH STREET, SUITE 208 SUNRISE FL 33325
4. Date of incorporation/qualification: July 28, 2010 Document number: N10000007141
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)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

National Corporate Research, Ltd., Inc.

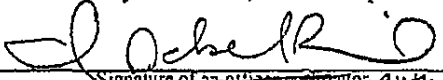
115 North Calhoun St. Suite 4

P.O. Box NOT acceptable

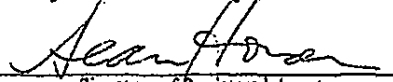
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Isabel Barrio, Authorized Representative
Signature of ~~an officer~~ an authorized representative Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 9/30/2015
Signature of Registered Agent Date

If signing on behalf of an entity:

SEAN HONAN, ASSISTANT SECRETARY

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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