## N110000007143

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NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

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Date: 10/05/2015	Account #: I20000000088
Name: Darian Shump	
Reference #: C013032	
ENTITY NAME: IMAGINE - SOUTH 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: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Signature:	

	ange is submitted for a er to change its register		agent, or both, in the St.		
1. The name of	the corporation:	IMAGINE	- SOUTH BROV	VARD, IN	IC.
2. The principa	l office address:				
13790 N	.W. 4TH STREET,	SUITE 108	SUNRISE	FL	33325
3. The mailing	address (if different):				
<del>-</del>	.W. 4TH STREET,	SUITE 108	SUNRISE	FL	33325
4. Date of incor	poration/qualification:	July 28, 2010		N10000	007143
	d street address of the criment of State; (If resig	•	and registered office on	file with the	
	Corpo	ration Service	Company		
		1201 Hays St	reet		22
	Tal	llahassee, FL	32301	<del></del>	2015 OCT
	·		· · · · · · · · · · · · · · · · · · ·	<del></del>	
6. The name and (if changed):	d street address of the no	ew registered agent (if	changed) and /or registe	red office	がず
	National Corp	orate Resear	ch, Ltd., Inc.		11910
	115 North Calhoun	St. Suite 4			F 0
		P.O. Box NOT accept	able	<del></del>	
	Tallahassee,	FL 32301		<del></del>	
The street addre	ss of its registered offi be identical.	ce and the street addre	ess of the business office	e of its register	red agent,
Such change wa	s authorized by resolut e board, or the corpora	ion duly adopted by it tion has been notified	s board of directors or l in writing of the chang	oy an officer see.	0
Soul	ulRio		Leasy Berion	Anthoriz	of Represen
_	e of an attractor discourse of refre	- soud whac			
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as reg o comply with the prov my duties, and I am far s document is being fil that the corporation ha	istered agent and agr isions of all statutes r niliar with and accept ed merely to reflect a is been notified in writ	ee to act in this capacity elative to the proper an the obligation of my po change in the registered ing of this change.	y. d complete sition as regis d office addres	stered s, I
La	4			015	
Sign	nature of Registered Agent		Dhie	<i>U'</i> 3	<del></del>
If signing on bel	nalf of an entity:				
N HONAN, A	SSISTANT SECRE	TARY		•	
	ped or Printed Name				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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