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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscqlobal.com

Date: August 17, 2018

Order#: 342712/012

Re: IMAGINA USA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 ...

Please take the following action:

XX _ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation orin order to change its registered office or reg	ganized under the laws of the State of FLORIDA
1. The name of the corporation: IMAGINA USA, INC.	·
2. The principal office address:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/04/2004	Document number: P04000087773
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resigned)	
NRAI SERVICES, INC.	
1200 SOUTH PINE ISLAND ROAD	
Plantation	FL 33324 AC
6. The name and street address of the new registered a (if changed):	· · · · · · · · · · · · · · · · · · ·
Corporation Service Company	SEE
1201 Hays Street	FE FE
PO Box ? Tallahassee	NOT acceptable FL 32301
The street address of its registered office and the streas changed will be identical. Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	eet address of the business office of its registered agent, ated by its board of directors or by an officer so notified in writing of the change.
Que e Coni	Jill Cilmi, Vice President
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all superformance of my duties, and I am familiar with an agent. Or, if this document is being filed merely to rhereby confirm that the corporation has been notified Corporation Service Company By:	tatutes relative to the proper and complete d accept the obligation of my position as registered reflect a change in the regisiered office address, I
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Grace E. Kirby, Assistant Vice President 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