

Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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*RA/RO/CHS*

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JUN 25 2015

I ALBRITTON

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REGISTERED AGENT CHANGE  
IMEREX INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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6/24/2015 12:36:35 PM From: To: 8506176380( 2/4 )  
850-617-8381 6/22/2015 9:37:58 AM PAGE 1/001 Fax Server



June 22, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

IMEREX INC.  
1704 PARK CENTRAL NORTH  
POMPANO BEACH, FL 33064

SUBJECT: IMEREX INC.  
REF: P07000069153

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Irene Albritton  
Regulatory Specialist II

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6/24/2015 12:36:35 PM From: To: 0506176380( 3/4 )

### COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: IMEREX INC.

Name of Corporation

DOCUMENT NUMBER: P07000069153

The enclosed Statement of Change of Registered Office Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROXANNE LOTT

Name of Contact Person

Firm/Company

301 WEST 115TH STREET / #3B

Address

NEW YORK, NY 10026

City/State and Zip Code

INFO@IMEREX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROXANNE LOTT

Name of Contact Person

941

321-5732

at (

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

\*R21243 (01/12)

11/15/15 12:36:35 PM From: To: 0506176380( 3/4 )

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 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: IMEREX INC.  
2. The principal office address: 666 3RD STREET SOUTH, STE 102  
NAPLES, FL 34102  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/13/2007 Document number: P07000069153

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)

LOTT, ROXANNE

666 3RD STREET SOUTH, STE 102

NAPLES, FL 34102

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

NRAI SERVICES, INC.

c/o NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD

PLANTATION, FLORIDA 33324

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.

[Signature]  
Signature of an officer or director

ROXANNE LOTT, VICE PRESIDENT

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.

By: Kimberly Steinmetz  
Signature of Registered Agent

JUNE 16, 2015  
Date

If signing on behalf of an entity:

Kimberly Steinmetz

Vice President & Assistant Secretary

Typed or Printed Name

**National Registered Agents, Inc.**

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR21645 (03/12)