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: (850)617-6380

From:

Account Name : BUSINESS FILINGS - Account Number : 105256001620

Phone : (608)827-5300 Fax Number : (608)827-5501

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## REGISTERED AGENT CHANGE IMOBIX INC.

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## H140000270478 3

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida	
	er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: IMOBIX Inc.	
2. The principal	l office address: 9130 S. Dadeland Blvd. Suite 1900, Miami, Florida 33156	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 9/10/2007 Document number: P07000100843	
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	RGPA REGISTERED AGENT CORP.	
	3370 Mary Street, MIAMI, FL 33133	5
		NON
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	-2 M
	Business Filings Incorporated	ڣ
	1200 South Pine Island Road	3
	P.O. Hox NOT acceptable	
	Plantation, Florida 33324	
	ress of its registered office and the street address of the business office of its registered agent.	
Such change we authorized by the National Control of the Control o	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
	Jeffrey Hunter, President	
I hereby accept I further agree performance of agent. Or, if in hereby confirm	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all stantes relative to the proper and complete they delies, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Nable	31st day of October, 2016	
Sig	gianuce of Registered Agent Date	
If signing on be	chalf of an entity:	
Mark Williams, /	AVP	
T	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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