

_		
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	

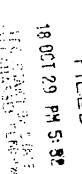
Office Use Only



800320113818

10/29/18--01024--011 **SS.00

S TALLENT NOV 0 6 2018



COVER LETTER

TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER: P1100094278 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Helen S. Atter Name of Contact Person Liles Gavin, P.A. Firm/ Company 301 W. Bay Street, Suite 1030 Address Jacksonville, Florida 32202 City/ State and Zip Code hatter@lilesgavin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Helen S. Atter	
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Helen S. Atter Name of Contact Person Liles Gavin, P.A. Firm/ Company 301 W. Bay Street, Suite 1030 Address Jacksonville, Florida 32202 City/ State and Zip Code hatter@lilesgavin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	•
Name of Contact Person Liles Gavin, P.A. Firm/ Company 301 W. Bay Street, Suite 1030 Address Jacksonville, Florida 32202 City/ State and Zip Code hatter@lilesgavin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Name of Contact Person Liles Gavin, P.A. Firm/ Company 301 W. Bay Street, Suite 1030 Address Jacksonville, Florida 32202 City/ State and Zip Code hatter@tilesgavin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Liles Gavin, P.A. Firm/ Company 301 W. Bay Street, Suite 1030 Address Jacksonville, Florida 32202 City/ State and Zip Code hatter@lilesgavin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Firm/ Company 301 W. Bay Street, Suite 1030 Address Jacksonville, Florida 32202 City/ State and Zip Code hatter@lilesgavin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Firm/ Company 301 W. Bay Street, Suite 1030 Address Jacksonville, Florida 32202 City/ State and Zip Code hatter@lilesgavin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Address Jacksonville, Florida 32202 City/ State and Zip Code hatter@lilesgavin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Address Jacksonville, Florida 32202 City/ State and Zip Code hatter@lilesgavin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Jacksonville, Florida 32202 City/ State and Zip Code hatter@lilesgavin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
City/ State and Zip Code hatter@lilesgavin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
hatter@tilesgavin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
For further information concerning this matter, please call:	į.
	_
Helen S. Atter	
at (
Name of Contact Person Area Code & Daytime Telephone No	umber
Enclosed is a check for the following amount made payable to the Florida Department of State:	
Divious in a street of	
Stiling Fee Search Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
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	

Articles of Amendment to Articles of Incorporation of

IMIA GROUP, INC.		
(Name of Corporation	as currently filed with the Florida Dept. of	State)
P1100094278		
(Documen	at Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:		ts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:	
POSE GROUP, INC.		V The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the ab B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS.	"Inc," or "Co". A projessional corporatio	red" or the abbreviation in name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9. T.
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	d office address in Florida, enter the name of the first in Florida, enter the	of the
		
	(Florida street address)	
New Registered Office Address:		lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It	am familiar with and accept the obligations o	f the position.
Signat	ure of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove			-	
5) Change			·	
Add				
Remove				
6) Change				
Add			 	
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij not uppiteante, mateute N/A)	

	October 26, 2018	, if other than the
The date of each amendment(s) as date this document was signed.	loption:	, it other than the
Effective date if applicable:		
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements, this continues a partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment flicient for approval.	t(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
October 20	5 , 2018	
Dated	Chin/Helton	
Signature (By a c	lirector, president or other officer - if directors or officers have not bee	n -
selecte	d, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
арроіс	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	

4