

1/30/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
INMA CORP.

Certificate of Status	0
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Estimated Charge	\$35.00

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TALLAHASSEE, FL

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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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INMA CORP.
2. The principal office address: 4320 MONSERRATE ST
CORAL GABLES, FL 33146
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/08/2013 Document number: P13000031934

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)

ATRIUM REGISTERED AGENTS, INC.
8950 SOUTHWEST 74TH COURT SUITE 1901
MIAMI, FL 33156

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

Registered Agents Inc.
7901 4th St N STE 300
P.O. Box NOT acceptable
St. Petersburg, FL 33702

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.

Ibrahim Ashemimry Ibrahim Ashemimry, President
Signature of an officer or director 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.

Bill Havre 1/30/19
Signature of Registered Agent Date

If signing on behalf of an entity:

Bill Havre
Typed or Printed Name

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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS