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C. GOLDEN AUG 22 2018



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#: 342712/011

Re: IMAGINA UNITECNIC, 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

statement of cha	inge is submitted for a corpord	12, 617.0502, 607.1508, or 617.1508, Florida ation organized under the laws of the State of the or registered agent, or both, in the State of	FLORIDA	-
1. The name of t	he corporation: IMAGINA UN	ITECNIC, INC.		
	ST. MIAMI FL 33166			
3. The mailing a	ddress (if different):			
	poration/qualification: 01/27/2	2014 Document number: P14000	0008087	
	I street address of the current r tment of State: (If resigned, er	registered agent and registered office on file value resigned)	vith the	
	CORPORATION COMPANY	OF MIAMI		
	201 S. BISCAYNE BLVD., S	UITE 1600 (LAD)	2018 SEC	
	MIAMI	FL 33131	2018 AUG 21 SECKE FAR TALLAHA	7
6. The name and (if changed):	I street address of the new regi Corporation Service Compar	istered agent (if changed) and /or registered o	PH 3: 48 RY OF STATE HASSEE, FL	
	1201 Hays Street		· F &	
		P.O. Box NOT acceptable	_	
	Tallahassee	FL 32301	_	
The street addre	ess of its registered office and be identical.	the street address of the business office of i	its registered ager	nt.
Such change wa authorized by th	is authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by an as been notified in writing of the change.	officer so	
Sier E	C. Cont. i.	Jill Cilmi, Vice President		
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered to comply with the provisions my duties, and I am familiar is document is being filed men	Printed or typed name and to d agent and agree to act in this capacity, of all statutes relative to the proper and cot with and accept the obligation of my positio rely to reflect a change in the registered offi a notified in writing of this change.	mplete on as registered	
. ()	O.C. D. T. K. D. J. Rature of Registered Agent	08/17/2018		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Grace E. Kirby,	Assistant Vice President			
Ţ	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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