## P1400008161

| (Re                                     | questor's Name)    |           |  |  |
|---|--------------------|-----------|--|--|
| (Ád                                     | dress)             |           |  |  |
| (Ad                                     | dress)             |           |  |  |
| (Cit                                    | ry/State/Zip/Phone | #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Business Entity Name)                  |                    |           |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |

Office Use Only



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SEGRETARY OF STATE

FILED

C. GOLDEN AUG 2 2 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@cscglobal.com

Date: August 17, 2018

Order#: 342712/006

Re: IMAGINA PRODUCTION SERVICES, 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   | provisions of sections 607.0502, 617.05<br>ange is submitted for a corporation orga<br>ar to change its registered office or regis   | nized under the laws of t   | he State of FLORIDA  | <u> </u>    |
|--|--|---|--|-------------|
| 1. The name of   | the corporation: IMAGINA PRODUCTIO   | N SERVICES, INC.  |  |             |
|  | office address:<br>4 ST MIAMI FL 33166   |   |  |             |
| 3. The mailing a   | address (if different):  |   |  |             |
| 4. Date of incor   | poration/qualification: 01/27/2014   | Document number   | P1400008161  |             |
|  | d street address of the current registered rtment of State: (If resigned, enter resign   |   | ce on file with the  |             |
|  | CORPORATION COMPANY OF MIAI  | МІ  |  |             |
|  | 201 S BISCAYNE BLVD SUITE 1600   | (LAD)   | SECRETAR' TALLAHA  |             |
|  | MIAMI  | FL 3313   | ETAH<br>LAH  |             |
| 6. The name and (if changed):  | d street address of the new registered age   | ent (if changed) and /or i  | egistered of Section 2   | m           |
|  | Corporation Service Company  |   | 3: 43<br>STATE<br>E. FL  |             |
|  | 1201 Hays Street   |   |  |             |
|  | P.O Box NO   | •   | <del></del>  |             |
|  | Tallahassee  | FL 3230   | ·1<br>   |             |
| The street address changed will  | ess of its registered office and the street<br>be identical.   | address of the business   | office of its registered   | agent,      |
| Such change wa<br>authorized by th   | as authorized by resolution duly adopte<br>ne board, or the corporation has been no  | d by its board of directo<br>tified in writing of the o   | rs or by an officer so<br>change.  |             |
| Xiec (   | P. Cane  | Jill Cilmi, Vice Preside  | ent  |             |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th<br>hereby confirm<br>Corporatio | the appointment as registered agent are to comply with the provisions of all statemy duties, and I am familiar with and its document is being filed merely to refetat the corporation has been notified on Service Company | nd agree to act in this ca<br>tutes relative to the prop<br>accept the obligation of<br>lect a change in the regi | ier and complete<br>my position as register<br>istered office address, i | ed<br>i     |
| Sig  | one Ctubly inature of Registered Agent   |   | Pate   | <del></del> |
| If signing on be   | chalf of an entity:  |   |  |             |
|  | Assistant Vice President   |   |  |             |
| Ŧ  | yped or Printed Name   | T. Ole po + + +   |  |             |
|  | * * * FILING FE  | .E.: \$35.00 * * *  |  |             |