

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone #)	<u> </u>
(Bu	siness Entity Name)	<u> </u>
(Do	cument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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	Office Use Only	



09/13/17--01006--013 **35.00



SEP 1 4 2017 S. YOUNG

:	COVER LETTER
TO: Amendment Section Division of Corporations	
SUBJECT: IMH Assets	Corp Name of Corporation
DOCUMENT NUMBER:	82-2153267
	of Registered Office/Agent and fee are submitted for filing.
Monica	ncerning this matter to the following:
	Name of Contact Person
	Sets Corp
<u>2423 S.</u>	Orange Ave. Suite 321
Orlando	, Fl. 32806 City/State and Zip Code
	ts@gmail.com
E-mail address	s: (to be used for future annual report notification)
For further information concerning Monica Mora Name of Contact Pe	at (202) _810 - 4645
Enclosed is a \$35.00 check made p	ayable to the Department of State.
Division P.O. Box	ddress:Street Address:ent SectionAmendment Sectionof CorporationsDivision of Corporations6327Clifton Buildingee. FL 323142661 Executive Center CircleTallahassee. FL 32301
CR2E045 (03/12)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

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

1. The name of the corporation: IMH Assets Corp		
2. The principal office address: 2423 S. Orange Ave Suite 321		
3. The mailing address (if different) Same as above		
4. Date of incorporation/qualification: <u>12/21/2016</u> Document number: <u>82-2153267</u>		
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)		
Monica Mora		
424 E. Central Blvd. # 521		
Orlando, Fl. 32801		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Monica Mora 2423 S. Orange Ave. #321 PO Box NOT acceptable Orlando, Fl. 32806		
Monica Mora		
2423 S. Orange Ave. #321		
Orlando, Fl. 32806		
The street address of its registered office and the street address of the business office of its registered agent.		
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.		
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.		
1 (lee 09/06/2017		
Signature of Registered Agent Date		
If signing on behalf of an entity:		
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 CR2E045 (03/12)		