PM00089979

| (R | equestor's Name) | | |
|---|------------------------|----------|--|
| (A | ddress) | · | |
| (A | ddress) | | |
| (C | ity/State/Zip/Phone #) | <u> </u> | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates of | Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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AUG 2.1 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: IMPERIUM 7, INC.

Name of Corporation

DOCUMENT NUMBER: P17000089979

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha Jackson

Name of Contact Person

Meriam Corporate Services, Inc.

Firm/Company

PO Box 52588

Address

Mesa AZ 85208

City/State and Zip Code

meriamfinancial@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Jackson at (720) 318.8456

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617 statement of change is submitted for a corporation of in order to change its registered office or re- | | |
|---|---|---------------|
| 1. The name of the corporation: Imperium 7, Inc. 2. The principal office address: 19 W FLAGLER | c. R ST STE 924 MIAMI, FL 33131 | |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: 11/08/201 | 7 Document number: P170000899 | 79 |
| 5. The name and street address of the current register Florida Department of State: (If resigned, enter res | | |
| Jason Coat | | |
| 19 W FLAGLER ST STE | 924 | |
| MIAMI, FL 33131 | | |
| 6. The name and street address of the new registered (if changed): | agent (if changed) and /or registered office | 18 AUG 20 |
| Jason Coat | Jason Coat | |
| 1399 SW 1ST AVE STE 2 | 202 | . 美 C |
| МІАМІ, FL 33131 | NOT acceptable | . |
| The street address of its registered office and the st as changed will be identical. | reet address of the business office of its register | ed agent, |
| Such change was authorized by resolution duly ado authorized by the board, or the corporation has been | opted by its board of directors or by an officer so n notified in writing of the change. |) |
| Signature of an officer or director | JASON COAT, PRESIDENT | - |
| I hereby accept the appointment as registered agen I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi | nt and agree to act in this capacity, statutes relative to the proper and complete and accept the obligation of my position as regis reflect a change in the regisiered office addres. | tered s, l |
| Rat | 08/15/2018 | |
| Signature of Registered Agent If signing on behalf of an entity: | Date | |
| Typed or Printed Name | | |

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