P19000052108

| (Requestor's Name) |
|--|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: Special Instruction The Filing Office |





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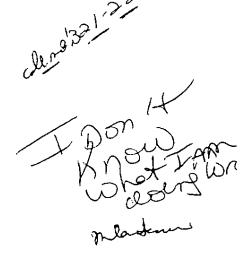
FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2021

MELANIE SEABROOK JUST IMAGINE MAINTENANCE SERVICE, INC. 3513 NELSON PLACE TITUSVILLE, FL 32780

SUBJECT: JUST IMAGINE MAINTENANCE SERVICE, INC.

Ref. Number: P19000052108



We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

PLEASE REMOVE REGISTERED AGENT MELANIE SEABROOK FROM THE OFFICER/DIRECTOR DETAIL PAGE.

OWNER IS NOT AN ACCEPTABLE TITLE FOR KOSTER LAWRENCE. PLEASE USE A TITLE LISTED ON THE OFFICER/DIRECTOR DETAIL PAGE. PLEASE RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 721A00007579



March 15, 2021

MELANIE SEABROOK 3513 NELSON PLACE TITUSVILLE, FL 32780

SUBJECT: JUST IMAGINE MAINTENANCE SERVICE, INC.

Ref. Number: P19000052108

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE SEE TITLES ON OFFICER/DIRECTOR PAGE. REGISTERED AGENT IS NOT A TITLE AND CAN NOT BE PLACED ON THIS PAGE. PLEASE RESUBMIT.

LAWRENCE KOSTER'S TITLE CAN NOT BE OWNER. PLEASE AMEND ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 421A00005379

Susan Tallent Regulatory Specialist II

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FLORIDA DEPARTMENT OF STATE Division of Corporations

11:

February 17, 2021

MELANIE SEABROOK 3513 NELSON PLACE TITUSVILLE, FL 32780

SUBJECT: JUST IMAGINE MAINTENANCE SERVICE, INC.

Ref. Number: P19000052108

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE PROFIT ARTICLES OF AMENDMENT FOR CLARIFICATION OF CHANGES BEING MADE. PLEASE RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00003549

Susan Tallent Regulatory Specialist II

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COVER LETTER

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TO: Amendment Section

Tallahassee, FL 32314

| Division of Corporations | |
|--|--|
| NAME OF CORPORATION: | SUST/IMPSINE MAINTENDE Service P1900052108 |
| DOCUMENT NUMBER: | P1900052108 |
| The enclosed Articles of Amendment | · |
| Please return all correspondence conc | erning this matter to the following: |
| | Name of Contact Person |
| | Name of Contact Person 5 0 St mogin & MRINT Server Trr. |
| | Firm/ Company |
| | 35/3 Na son Rell |
| | 35/3 Na son Reuse A HUSVILL Re 32/90 |
| | City/ State and Zip Code |
| E-mail ad | dress: (to be used for future annual report notification) |
| For further information concerning th | is matter, please call: |
| MECANIE S Name of Contact Pers | on Area Code & Daytime Telephone Number |
| | amount made payable to the Florida Department of State: |
| - | Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Sectio Division of Corpora P.O. Box 6327 | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

| of | | _ |
|---|---------------------------------------|--|
| JUST/MA9/ | ac MANTEN | ceder vice, To |
| (Name of Corporation as currently | | |
| P 19 | 0000052108 | 3 |
| (Document Number of | Corporation (if known) | t |
| fursuant to the provisions of section 607.1006, Florida Statutes, this F is Articles of Incorporation: | lorida Profit Corporation adopts th | |
| . If amending name, enter the new name of the corporation: | | 7: 7: The new |
| ame must he distinguishable and contain the word "corporation," "co Inc.," or Co" or the designation "Corp," "Inc," or "Co". A chartered," "professional association." or the abbreviation "P.A." | professional corporation name m | abbreviation "Corp.," ust contain the word |
| B. Enter new principal office address, if applicable: | 3513 Nesson | Klewi |
| Principal office address <u>MUST BE A STREET ADDRESS</u>) | TITUSVILLE, TR | 32780 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3513 Nerso | n Plan Te 32780 |
| D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent | E SEABN LSON Place | he_ |
| 3513 NE | LSON Place | |
| (Florida stree New Registered Office Address: | . ∧ ` . | da 32.750 |
| | City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent.—I am familiar wi | ith and accept the obligations of the | position. |
| mland Ad | wool | 200 |
| Signature of New Reg | gistered Agent, if changing | |
| heck if applicable | 2 | :2 |
| The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e | 1.1.5. | ئے |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> <u>John</u> | Doe | |
|----------------------------|------------------------|-----------------|--|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV</u> <u>Sally</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | CFO | MRANIFSOAM | 35/3 Nulson Plan T/ nudville, 52 32 780 |
| <u></u> ★ Add | v | | J/ Justilly 12 32 780 |
| Remove 2) Change | <u> </u> | Laurence Loster | |
| X Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5, Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| amending or adding ttach additional shee | ts, if necessary). | (Be specific) | | | | |
|---|--------------------|-------------------|---------------------------------------|--------------------|--------------|---|
| | | NIA | <u>.</u> | | | |
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| an amendment pro- rovisions for imple | ides for an excha | nge, reclassifica | tion, or cancella | ation of issued sl | nares, | |
| (if not applicable, | indicate N/A) | ament ii not con | tamed in the ar | nenament itsen. | • | |
| | ⟨ \) | /A | | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|--|
| • | |
| Effective date if applicable: (no more than 90 days after a | imendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records. | y filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of direct action was not required. | ctors without shareholder action and shareholder |
| The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval. | votes cast for the amendment(s) |
| e amendment(s) was/were approved by the shareholders through voting a must be separately provided for each voting group entitled to vote separate | |
| "The number of votes cast for the amendment(s) was/were sufficient | for approval |
| by LAWPence Kosing group) | |
| (voting group) | |
| Dated 2/20/21 Signature Janua 1Kosm | |
| (By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary) | |
| mance KosT | er |
| (Typed or printed name of pers | on signing) |
| owner P | |
| (Title of person signing) | |