P22 0000 858 56

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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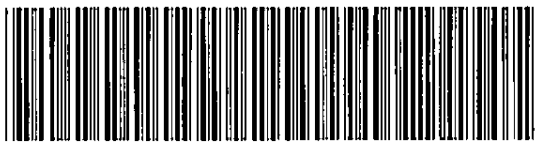

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SB-S-21-25

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMPOSSIBLE DREAM CARDS, INC.
Name of Corporation

DOCUMENT NUMBER: P22000085856

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:

Todd Stone, Esq.
Name of Contact Person

The Stone Law Group
Firm/Company

500 E. Broward Blvd, Suite 1580
Address

Fort Lauderdale, FL 33394
City/State and Zip Code

tstone@tslaw.net
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Todd Stone, Esq. at (954) 804-9454
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

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: IMPOSSIBLE DREAM CARDS, INC.

2. The principal office address: 10442 LEXINGTON CIRCLE SOUTH
BOYNTON BEACH, FL 33436

3. The mailing address (if different):

4. Date of incorporation/qualification: 11/11/2022 Document number: P22000085856

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)

STONE, TODD I, ESQ.

101 NE THIRD AVENUE, SUITE 1250

FORT LAUDERDALE, FL 33301

2025 APR -4 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

STONE, TODD I, ESQ.

300 E BROWARD BLVD, SUITE 1580

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33394

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

James E. Greenbaum
Signature of an officer or director

JAMES GREENBAUM, PRESIDENT
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.

Signature of Registered Agent

3/3/2025
Date

If signing on behalf of an entity:

Todd I Stone
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 (04/13)