

L16000132302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

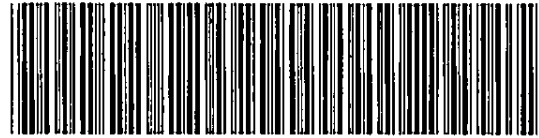
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200303155822

09/01/17--01020--009 **25.00

DIVISION OF CORPORATIONS

17 SEP -1 PM 1:11

FILED

O SIMMONS
SEP 05 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emence Enterprises LLC-
Name of Limited Liability Company

*change of
address for*

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

*Registered
Agent*

Please return all correspondence concerning this matter to the following:

Jean Murray

Name of Person

Emence Enterprises LLC

Firm/Company

401 Rosery Rd NE - Apt 520

Address

Largo FL 33770

City/State and Zip Code

jean@emenceenterprises.com

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

For further information concerning this matter, please call:

Jean Murray at (563) 370-1068

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Emence Enterprises LLC

2. (a) 401 Rosery Rd NE (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Apt. 520 _____
Largo FL 33770 _____

3. 7-13-16 4. L1600-0132302
 Date of filing/registration in Florida Document number

5. (a) Jean A. Murray
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

401 Rosery Rd NE 2136 Belmar Dr
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Apt. 520 _____
Largo FL 33770, FL Belleair Bluffs FL 33770

(b) same
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

401 Rosery Rd NE
NEW Registered Office Address:
Apt 520 _____
Largo, FL 33770

DIVISION OF CORPORATIONS
 17 SEP - 1 PM 1:14
 FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member Jean A Murray
 Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Signature of Registered Agent