L22000212368

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

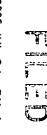
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9/17/2025

COVER LETTER

SUBJECT: E-MX SHOP	LLC	
Name of Limited Liab	pility Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
William Gunnell	_	
Name of Person		
\mathcal{N}/\mathcal{A}	_	
Firm/Company		
439 SE 2ND ST		
Address	-	
Deerfield Beach, FL 33441 City/State and Zip Code		
Wannell 27 @ yahad. Com We-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
William Gunnell at (920 Name of Person	905 - 2430 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

TO: Registration Section
Division of Corporations

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: E-M X	SHOP, LLC
2 (a) 439 SE 2ND ST	(b) 439 SE 2ND ST
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)
Deerfield Beach FL	Deerfield Beach FL
33 4 4 1	33441
05/04/2022	L 22 000 21 2368
3. Date of filing/registration in Florida	4. Document number
5. (a) INC AUTHORITY	RA
Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET). 390 NORTH ORANGE ORLANDO ,FL (b) Enter name of NEW Registered Agent and/or NEW Registered William Gunnell NEW Registered Office Address: 439 SE 2ND ST	AVE., STE 2300 No. 32801
Deerpield Beach FI	33441
change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member. I hereby accept the appointment as registered agent and agent.	ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in