

MO5 0000 0000 073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

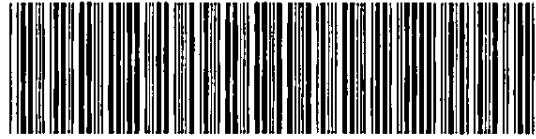
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700339006907

01/13/20--01019--021 **25.00

2020 JAN 13 AM 9:22

C. GOLDEN

FEB 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMS Management, LLC

Name of Limited Liability 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:

Andrew J. Stamelman, Esq.

Name of Person

Sherman Wells Sylvester & Stamelman LLP

Firm/Company

210 Park Avenue, 2nd Floor

Address

Florham Park, NJ 07932

City/State and Zip Code

bkwok@shermanwells.com

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

For further information concerning this matter, please call:

Beatrice Kwok _____ at (973) 302-9704
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: EMS Management, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
17615 Lake Estates Drive
Boca Raton, FL 33496

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
17615 Lake Estates Drive
Boca Raton, FL 33496

3. 01/05/2005 Date of filing/registration in Florida

4. M05000000073 Document number

5. (a) Elliot Schnier
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Elliot Schnier
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
3720 South Ocean Boulevard, Suite 1406
Highland Beach, FL 33487

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Elliot Schnier
NEW Registered Office Address:
17615 Lake Estates Drive
Boca Raton, FL 33496

2005 JAN 13 AM 9:22

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.

X
 Signature of a member or authorized representative of a member

Elliot Schnier
 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.

X
 Signature of Registered Agent Elliot Schnier