

M 170000074ZZ

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

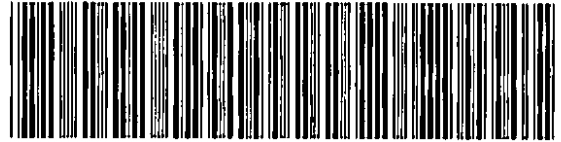
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300348680073

11/22/13 - 00014 - 000 - 15,250

RECEIVED

JUL 14 2020

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL 14 AM 8:17

FILED

D. BRUCE  
AUG 23 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EMAGINE COMMUNICATIONS 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:

WILLIAM S GADLESS JR  
Name of Person

EMAGINE COMMUNICATIONS LLC  
Firm/Company

2121 N. OCEAN BLVD #607W  
Address

BOCA RATON FL 33431  
City/State and Zip Code

B.GADLESS@EMAGINE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM GADLESS at (508) 828-0123  
Name of Person 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

Enclosed is a check for the following amount:

\$25 Filing Fee CK 2641  \$55 Filing Fee & Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL 14 AM 8:17

FILED

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: EMAGINE COMMUNICATIONS LLC

2. (a) 1082 DAVOL ST Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 1082 DAVOL ST Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

FALL RIVER MA 02720 FALL RIVER MA 02720

3. 8/28/2017 Date of filing/registration in Florida 4. M17000007422 Document number

5. (a) WILLIAM S GADLESS JR Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 101 PLAZA REAL #936 BOCA RATON FL 33432

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

NEW Registered Office Address: 2121 N. OCEAN BLVD #607W BOCA RATON FL 33431

FILED 2020 JUL 14 AM 8:17 SECRETARY OF STATE TALLAHASSEE, FL

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

JEANNE GADLESS 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