

Florida Department of State

Division of Corporations

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
EMERGE MANAGER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2020 OCT 30 AM 9:29  
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SECRETARY OF STATE  
TALLAHASSEE, FL

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

- 1. The name of the corporation is: EMerge Manager, Inc.
- 2. The principal office address: 2333 Ponce De Leon Blvd. Suite 900  
Coral Gables FL 33134
- 3. The mailing address (if different): 2333 Ponce De Leon Blvd. Suite 900  
Coral Gables FL 33134
- 4. Date of incorporation/qualification: 10/15/2014 Document Number: P1400008844
- 5. The name and street address of the current registered agent and registered office on file with Florida Department of State:  
DISCHINO & SCHAMY, PLLC  
4700 BISCAYNE BLVD - STE. 1280  
MIAMI FL 33137
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Corporate Creations Network Inc.  
801 US Highway 1  
(P.O. Box Not acceptable)  
North Palm Beach, FL 33408

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 TALLAHASSEE, FLORIDA

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.

*CdNanke*  
 (Signature of an officer or director)

Courtney Nanke, Attorney-in-Fact  
 (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.*

*CdNanke*  
 (Signature of Registered Agent)

10/30/2020  
 (Date)

If signing on behalf of an entity:

Courtney Nanke, Special Secretary  
 (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International  
 801 US Highway 1  
 North Palm Beach FL 33408  
 (561) 694-8107