## 841621

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;





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SECRETARY OF STATE
OF ALL ANALOGE EL DON

FEB 27 2014

C. CARROTHERO



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: February 25, 2014

Order#: 977874-040

Re: EMJ CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

 $\underline{XX}$  Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA



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

statement of cha	inge is submitted for a cor	.0502, 617.0502, 607.1508, or 617. poration organized under the laws office or registered agent, or both, t	of the State of TN
1. The name of t	he corporation: EMJ COF	RPORATION	
2. The principal	office address:	400CHATTANOOGA TN 37421	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10.	/13/1978 Document nur	mber: <u>841621</u>
	I street address of the curr tment of State: (If resigne	ent registered agent and registered old, enter resigned)	office on file with the
	NRAI SERVICES, INC.		
	1200 SOUTH PINE ISLA	AND ROAD	
	Plantation	FL 33	3324
6. The name and (if changed):	street address of the new	registered agent (if changed) and /c	or registered office
	Corporation Service Cor	mpany	
	1201 Hays Street		
	T # 1	P O. Box NOT acceptable	
	Tallahassee	FL 32	
The street addre	ess of its registered office be identical.	and the street address of the busin	ess office of its registered agent,
Such change wa authorized by th	is authorized by resolution board, or the corporation	n duly adopted by its board of dire on has been notified in writing of the	ctors or by an officer so he change.
		Dona Priebe	Vice President
Sign tu	re or an or cer or director	Printed or	typed name and title
I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provis my duties, and I am fami	tered agent and agree to act in this ions of all statutes relative to the pliar with and accept the obligation merely to reflect a change in the recent notified in writing of this cha	roper and complete of my position as registered
By:	in augo	February 13, 201	
<b>√</b> Sign	fture of Registered Agent		Date
If signing on be	half of an entity:		
	Asst. Vice President	<del></del>	
Ts	zoed or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*