F07000003592

(Requestor's Name)				
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(Cit	y/State/Zip/Phone	e #)		
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Special Instructions to	Filing Officer:			
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COVER LETTER _____

Amendment Section

TO:

Division of Corporations	
SUBJECT: Emerald Hospitality Associates, Inc. Name of Corporation	
DOCUMENT NUMBER: F07000003592	
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Jeffrey Gerish	
Name of Contact Person	
Emerald Hospitality Associates, Inc.	
Firm/Company	
2001 Crocker Road, Suite 300	
Address	
Westlake, Ohio 44145	
City/State and Zip Code	
jeffgerish@emeraldhospitality.com	
E-mail address: (to be used for future annual report no	otification)
·	
For further information concerning this matter, please call:	
Jeffrey Gerish	, 440
Name of Contact Person	nt (440) 239-9848 Area Code & Daytime Telephone Numbe

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

		7.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of Ohi	
		registered agent, or both, in the State of Flo	
1. The name of i	the corporation: Emerald Hospitality	Associates, Inc.	
	office address: 2001 Crocker Road.		
3. The mailing a	iddress (if different); Same		
 Date of incoπ 	noration/qualification: 7/16/2007	Document number: F070000035	92
5. The name and Florida Depar	I street address of the current registerment of State: (If resigned, enter re	ered agent and registered office on file with	
	Andrea Spencer		202 SE
	8127 POINT MEADOWS DR		I JUN 22
	JACKSONVILLE, FL 32256		N 22 IAR) AHA
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	
	Edward Pavente		F. 53
	203 164th Ave.	,,	1.,
	P	O. Box. NOT acceptable	
	Redington Beach, FL 33708		
The street addre	ss of its registered office and the s be identical.	street address of the business office of its n	egistered agent,
Such change wa	is authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an off on notified in writing of the change.	īcer so
Jane Mension	J. Grand	James Gerish, Chief Executive Officer	.
I hereby accept further agree to f my duties, and locument is bed corporation has	the appointment as registered age o comply with the provisions of al d I am familiar with and accept th ny filed merely to reflect a change poen notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and comple e obligation of my position as registered w in the registered office address. I hereby o ange.	ete performance gent. Or, if this confirm that the
Stevens	tavents	June 16, 2021	
_	tature of Registered Agent	Date	<u></u> -
	half of an entity:		
d WARD	TAVENTE ped or Printed Name		
• ,	g		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)