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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.

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REGISTERED AGENT CHANGE EMPHASYS COMPUTER SOLUTIONS, INC.

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O SIMMONS

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

| 1. The name of | the corporation is: Emph | asys Computer Solutions, Inc. |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. The principal | office address: 1200 SW | 145th Avenue, Suite 310, Pembroke Pines, FL 33027 |
| 3. The mailing a | address (if different): | |
| | = | 9/24/2007 Document Number: F07000004746 |
| | d street address of the currement of State: | rent registered agent and registered office on file with the |
| | WILKENS, JOHN F. 1200 SW 145th Avenue | Suite 310 |
| 6. The name and (if changed): | Pembroke Pines FL 33027 | |
| (ii cimiiged). | Corporate Creations Ne | etwork Inc. |
| | 801 US Highway I | . Box Not acceptable) |
| | (P.O North Palm Beach FL | , Dun 150 levelphote) |
| | ess of its registered officed will be identical. | ce and the street address of the business office of its registerec |
| | | ion duly adopted by its board of directors or by an officer scon has been notified in writing of the change. |
| | 2/45 2/6 | Nicholas Nichols, Attorney-in-Fact |
| (Signal | ture of an officer or director) | (Printed or Typed name and title) |
| I further agree performance of agent. Or, if th | to comply with the pr my duties, and I am fami is document is being file that the corporation has | tered agent and agree to act in this capacity. ovisions of all statutes relative to the proper and complete liar with and accept the obligation of my position as registered d merely to reflect a change in the registered office address, I been notified in writing of this change. |
| /Siena | ture of Registered Agent) | 3/8/2022 (Date) |
| If signing on be | half of an entity: nols, Special Secretary | (Date) |
| (Тур | ed or Printed Name) | |
| ŀ | | PAYABLE TO FLORIDA DEPARTMENT OF STATE ORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 |
| 801 US Highw | each FL 33408 | s Inc. |