F57768

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	idress)	·		
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	ısiness Entity Naı	me)		
(Document Number)				
Certified Copies				
Special Instructions to Filing Officer:				
		ļ		

Office Use Only



300252759313



10/23/13--01021--011 **30.00

PILED
2013 OCT 23 PM 12: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/2/12

COVER LETTER

TO: Am

Amendment Section Division of Corporations

SUBJECT: Emerson International, Inc.

Name of Corporation

DOCUMENT NUMBER: 15//

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Walsh

Name of Contact Person

Emerson International, Inc.

Firm/Company

370 CenterPointe Circle Suite 1136

Address

Altamonte Springs, FL 32701

City/State and Zip Code

mwalsh@emerson-us.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Walsh

.,407

332-4480

Name of Contact Person

Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

1 4114.1140000, 1 13 323 0

CR2E045 (03/12)

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

14.

	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga		•
-	er to change its registered office or regis		,
1. The name of	the corporation: Emerson Interna	tional, Inc.	
2. The principal	office address: 370 CenterPointe	Circle Suite	1136
Altamont	te Springs, FL 32701		
3. The mailing a	address (if different):	<u> </u>	
4. Date of incor	poration/qualification: 12/9/1981	Document	number: f57768
	d street address of the current registered a rement of State: (If resigned, enter resign		
	Kathryn Smith - resigned		C 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			FII
			FILED 123 F
6. The name and (if changed):	i street address of the new registered age	nt (if changed) an	FILED FILED SECTATE OF STATE ALLAHASSEE, FLORIDA d /or registered officence
	Mary Walsh		
	370 CenterPointe Circle Su	ite 1136	
P.O. Box NOT acceptable			
	Altamonte Springs, FL 327		
	ess of its registered office and the street be identical.		
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	l by its board of d tified in writing o	irectors or by an officer so f the change.
_ X/U	uler		laber, Director
I hamaha ugagant	the appointment as registered agent and o comply with the provisions of all stati my duties, and I am familiar with and a s document is being filed merely to reflict that the corporation has been notified in	d naves to set in	d or typed name and title this capacity. e proper and complete ion of my position as registered he registered office address, I hange.
May	ature of Registered Agent	10/08/2013	Date
び f signing on bel	nalf of an entity:	:	
Mary Walsh	·		
	ped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314