L07000119323

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |

Special Instructions to Filing Officer:

L. SELLERS

MAY - 8 2011

EXAMINER

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| | ng and Management Group, LLC mited Liability Company | |
| | mico Businey Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Of | fice Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning the | nis matter to the following: | |
| | | |
| Lane Rees | | |
| Name of Person | | |
| Emerald Consulting and Managemen Firm/Company | t Group | |
| 323 Lakeview Drive | | |
| Address | | |
| Santa Rosa Beach, FL 32459 | | |
| City/State and Zip Code | | |
| solutionhr@aol.com | | |
| E-mail address: (to be used for future annual report not | mication) | |
| For further information concerning this matter, please call: | | |
| Lane Rees | at (850) 231-0735 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. Name of the limited liability company:Emera | ld Consulting and Management Group |
|--|--|
| 2. (a) Principal office address of limited liability com | pany: 323 Lakeview Drive |
| (Note: MUST BE STREET ADDRESS) | Santa Rosa Beach, FL 32459 |
| (b) Mailing address of limited liability company: | 323 Lakeview Drive |
| (Note: MAY BE POST OFFICE BOX) | Santa Rosa Beach, FL 32459 |
| 06/26/09 | L07000119323 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida Dept. of State: |
| Registered Agent: | Jim Breitenfeld |
| Registered Office Address: | 4434 Luke Ave. Destin, FL 32541 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: | NEW Registered Office address: Lane Rees |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 323 Lakeview Drive |
| | Santa Rosa Beach ,FL32459 |
| If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be included it is business of the registered agent will be included it is business of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company with the provisions of all statutes relative to the and I am familiar with and accept the obligations of member of the operation of the operation of the limited liability company is being filed to address, I hereby confirm that the limited liability company is not organized under the change of the operation of the limited liability company. | he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an adjunctive vote otherwise provided in the articles of organization pany. AHARY OF SIA |
| Signature of Registered Agent | |