## 1,0000130921

(Requestor's Name)							
(Address)							
(Ad	dress)						
(Cit	y/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							

Office Use Only



300278525623

10/28/15--01002--006 \*\*25.00

TO TOKNOW THE DESIGNATION OF THE PROPERTY OF T

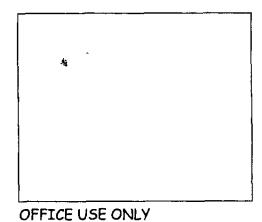
15 OCT 27 PM 4: 11

FILED
2815 OCT 27 A 8: 59
SECRETARY OF STATE

OCT 28 2015

3 MASON

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE \* TALLAHASSEE, FL 32301 PHONE (850)364-8000



WALK-IN

**ENTITY NAME:** 

EM AGENT-EXPORT, LLC

CK# 7054 FOR \$25.00

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: EM Agent-Ex	kport, L	LC		
2. (a)		C	h)		
Σ. (ω)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	·/	Mailing address	of limited liability company:  BE POST OFFICE BOX)
	1320 NW 78 Ave.		1320 N	W 78 Ave.	
	Miami, FL 33126	<del>_</del>	Miami,	FL 33126	
	November 22, 2010		L100001	20921	
3.	Date of filing/registration in Florida	4.	<del></del>	Document n	umber
5. (a)	Elizabeth Monserrate				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	te:	
	7977 NW 21 Street				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u></u>	<del>-</del>	
			_		
	Miami , FI	33122		<del></del>	
(b)					0CT 2
(6)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ac	ldress:	_	
	Atrium Registered Agents, Inc.				A 8: 59 OF ST/TE
	NEW Registered Office Address:			_	5
	1500 San Remo Avenue, Suite 125		<del>-</del> ·	_	<b>D</b> (1)
	Coral Gables , FI	33146	<b>;</b>		
the cha agent v was/we the arti	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	f the reginability confithe limited	istered offic ompany, it nited liabili	te and the busing hereby confity company of the mean o	iness office of the registered firmed that the change(s) r as otherwise provided in
I here provisi the obl to mero notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of the change.	ree to ac e perforn ed for in hereby c	t in this cap aunce of my Chapter 60 confirm that	ravity I furth	ar acree to comply with the

by: Jose L. NuneDivision of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00