## 1300000 2924

(Requestor's Name)			
(Address)	20036151		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	03/08/2101024		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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JUL 1 2 2021 I ALBRITTON

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EMERY ENGINEERING LLC	
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	re Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
CHARLES EMERY	
Name of Person	
EMERY ENGINEERING LLC	
Firm/Company	
8225 SW 9TH ST	
Address	
OKEECHOBEE / FLORIDA 34974	
City/State and Zip Code	
charles_emery@emeryengineering.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	olease call:
CHARLES EMERY	a. (772 \ \ 607-3389
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18 (2/14)	

RECEIVED



2021 JUL 12 PM 1:40

## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2021

CHARLES EMERY 8225 SW 9TH ST OKEECHOBEE, FL 34974

SUBJECT: EMERY ENGINEERING LLC

Ref. Number: L13000002924

We have received your document for EMERY ENGINEERING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A limited liability company may not serve as its own registered agent. Please designate an individual, an active domestic corporation or limited liability company, or a foreign corporation or limited liability company authorized to transact business within the state, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 021A00010266

## 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

ess of limited liability company:  BE STREET ADDRESS  L 34974  registration in Florida  CORPORATION AGEN  ered Office shown on the records	4. NTS, INC.	<del>-</del>	-	-	-
BE STREET ADDRESS  L 34974  registration in Florida  CORPORATION AGEN  ered Office shown on the records	4. NTS, INC.	Mailing address (Note: MAY OKEECHOBEE, F	BE POST OFFIC L 34974	-	-
registration in Florida  CORPORATION AGEN  ered Office shown on the records	4. NTS, INC.	13000002924	-		
CORPORATION AGEN	4. NTS, INC.		number		
CORPORATION AGEN	NTS, INC.	Document r	number		
ered Office shown on the records					
N BLVD	of the Florida D	pept, of State:		2021 JUL 12	<b>-</b> -71
(MUST BE FLORIDA STREE	TADDRESS)			<b>=</b>	
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	<sub>FL</sub> 32822		(6) (4) (7) (7) (7)	PM 5	
				5: 26	
ered Agent and/or NEW Registe	red Office addre	ess:			
dress:					
	34974				
	dress:  is not organized under the e, the Florida street address	ered Agent and/or NEW Registered Office address:  . FL 34974  r is not organized under the laws of the Se, the Florida street address of the registe	FL 32822  FL 34974  FL 34974  FL sis not organized under the laws of the State of Florida, it is here, the Florida street address of the registered office and the bus	ered Agent and/or NEW Registered Office address:  dress:  . FL 34974  r is not organized under the laws of the State of Florida, it is hereby confirmed e, the Florida street address of the registered office and the business office of the state of the s	ered Agent and/or NEW Registered Office address:  dress:

regulative of a member authorized representative of a member Printed

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registery Agent Charles Einery