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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K.SALY EXAMINER DEC 11 2015

COVER LETTER

Division of Corporations				
1-110 D. 11	中である場合にできては110円			
SUBJECT: Name of Limited Liability Company				
Dear Sir or Madam:	•			
The enclosed Registered Agent/Registered Office Change at	nd fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the	ne following:			
Sarah Haccoun				
Name of Person				
EMB Realty, LCC				
1108 Kane Concourse, Suite 30	09			
Bay Harbor Islands, FL. 33154 City/State and Zip Code				
E-mail address: (to be used for future annual report no	otification)			
For further information concerning this matter, please call:				
Sourch Haccoun at (30) Name of Person	5) 397-8753 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section			
	Division of Corporations P.O. Box 6327			
g	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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	me of the limited liability company: <u>EMB</u>	Realter	uc	
2. (a)	108 Kane Concourse, Swife 309 Boy Harbor Islands, IL. 33154 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>/</u> (b)	•	f limited liability company: E POST OFFICE BOX)
	05/30/2013	- — - — L13	30000 78	941
3.	Date of filing/registration in Florida	4.	Document nu	
5. (a)	- Aaron Rokosz			
v. (<i>)</i>	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of	f State:	
			.	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		. 2
	1108 Karre Concause, Suite	309		25. 25. E. S.
	Bay Harbor Islands, FL			ZNIS DEC
				SS A
(b)	Sorah Haccoun			THE REPORT OF
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		2: 53 STATE STATE FLORID
	NEW Registered Office Address:			
	1108 Kane Concourse, Sui	£ 309		
	1108 KAME Concourse, Sui Bay Harbor Islands FL	33154		
If the	imited liability company is not organized under the law	vs of the State of	of Florida, it is her	eby confirmed that after
agent v	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	bility company	, it is hereby confi	irmed that the change(s)
	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l			as otherwise provided in
		•		(
Signa	ture of a member or authorized representative of a member		Printed or type	d name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in this performance of I for in Chapte iereby confirm ———	s capacity. I furthe f my duties, and I o r 605, F.S. Or, if t that the limited lid	er agree to comply with the am familiar with and accep his document is being filed ability company has been
Signati	ure of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00