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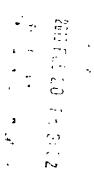
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IN HARRIS

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	ision of Corporations					
SUBJECT:	EMATB, LLC					
	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the f	ollowing:			
Amy Ham	pton					
	Name of Person		_			
Emergend	cy Medical Associates of Tam	іра Вау				
	Firm/Company		_			
2502 W. S	Saint Isabel St.		_			
	Address					
Tampa, Fl	33607					
	City/State and Zip Code		_			
ahampton	@ematb.com					
E-mail	address: (to be used for future ann	ual report notific	cation)			
For further in	nformation concerning this matter,	please call:				
Amy Hamp	oton	813 at (874-5707			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divis Clift 2661	stration Section sion of Corporations on Building Executive Center Circle shassee. Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Encl	osed is a check for the following	amount:				
☑ \$2	25 Filing Fee	□ \$55	5 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 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.

Signature of a member or authorized representative of a member 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	1. 1	Name of the limited liability company: EMATB, LLC	C 		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2502 W St. Isabel St, Suite B Tampa, FL 33607 Date of filing/registration in Florida 3. Date of filing/registration in Florida 4. Document number William E McConnell Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address 2502 W St. Isabel St, Suite B Tampa FL 33607 (b) In B Leber Enter name of NEW Registered Agent and/or NEW Registered Office address: 2502 W St. Isabel St Tampa FL 33607 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is breeby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered depend on the preparating agreement of the limited liability company or as otherwise provided in the article of organization or the preparating agreement of the limited liability company. Anthony I Pidala Printed or typed name of signee	2. (a) _	(b	1)	
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