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J. HARRIS

COVER LETTER

Division of Corporations				
Ems Ventures LLC SUBJECT:				
	of Limited I	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	e Change an	d fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the	e following:		
Massiel Perez				
Name of Person				
Ems Ventures LLC				
Firm/Company	<u> </u>			
7820 Causeway Blvd Suite B				
Address				
Tampa, FI 33619				
City/State and Zip Code				
emsventures5@gmail.com				
E-mail address: (to be used for future annu	al report noti	fication)		
For further information concerning this matter, p				
Massiel Perez	813	7664002 Area Code & Daytime Telephone Number		
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	□ \$	S55 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.

I. Na	ame of the limited liability company: Ems Venture	s LLC			_	
2. (a)			(b)		_	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limi (Note: MAY BE PO	ted liability	company:
	7820 Causeway Blvd Suite B		7820 Ca	useway Blvd Su	uite B	
	Tampa , Fl 33619	_	Tampa,	FI 33619		
	09/24/2014		L1400014	19807		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of State	- 2:		
	Peter Jaensch					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE:	<u> </u>	•		
	2198 Main Street					
	Sarasota	3423	7	-		
	, ۱۰	L		•		
(b)						?
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ddress:		3	2 (m)
	Massiel Perez				APR -	7 (7) 1 (7) 1 (7) 1 (7) 1 (7)
	NEW Registered Office Address:				-1	
	7820 Causeway Blvd Suite B				7	
	Tampa	33619)		B: 34	
	,					1
If the li he cha	mited liability company is not organized under the lange or changes are made, the Florida street address of	ws of th	e State of Flo istered office	rida, it is hereby ec	enfirmed to	hat after
agent w	ill be identical. Or, in the case of a Florida limited li	ability ς	company, it is	hereby confirmed	that the c	hange(s)
was/we the artic	re authorized by an affirmative vote of the members of the organization or the operating agreement of the	of the In Ilimited	nited hability Jiability com	ompany or as other.	ierwise pr	ovided in
← >~	Danguer		ssiel Perez			
Signat	ure of a unember or authorized representative of a member	-		Printed or typed name	of signee	
I hereb provision he obli to mere notified	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to ac perforn d for in hereby c	t in this capa nance of my d Chapter 605, confirm that to	city. I further agra luties, and I am fan F.S. Or, if this do he limited liability	ee to comp niliar with cument is company	oly with the and accept being filed has been
Signatur	e-of Registered Agent					