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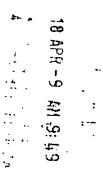
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	E&M Realty Property Manag	gement, LL	C
	Nam	ne of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to th	e following:
Jeren	ny Thakurdin, Esq.		
	Name of Person		
	Firm/Company		
P.O.	Box 1192		
	Address		
Wind	ermere, FL 34786		
	City/State and Zip Code		
jerem	y.thakurdin@gmail.com		
i	E-mail address: (to be used for future ann	ual report no	ification)
For fu	rther information concerning this matter,	please call:	
Jeren	ny Thakurdin, Esq.	407 at (285-4657
	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	amount:	
	■ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHSI	8 (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. N	ame of the limited liability company:E&M Realty	Property	Management, LLC
2. (a)	8219 Via Verona, Orlando, FL 32836	(b)	8219 Via Verona, Orlando, FL 32836
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/22/2014	L	14000194873
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Emily B. Strait Registered Agent and Registered Office shown on the records of	Calca Dinaida f	Same of Control
	8219 Via Verona,	i me rioriga i	rept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Orlando F	32836	<u>.</u> _
	Jeremy Thakurdin, Esq.,		# # # # # # # # # # # # # # # # # # #
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	APR ess:
	8219 Via Verona,		
	NEW Registered Office Address:		
	Orlando,	_L 32836	
the chagent was/was/was/was/was/was/was/was/was/was/	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 lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the street of a member or authorized representative of a member	nws of the S of the registe iability con of the limit e limited lia	ered office and the business office of the registere apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Signa	nture of a momber or authorized representative of a member	-,	Printed or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent and ag ions 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 this change.	gree to act i e performan ed for in Cl hereby cor	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been