## L15000034088

(Re	questor's Name)					
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						





900328431219

05/06/19--01030--004 \*\*25.00



O SIMMONS

## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Emerging Brand Strategies, LLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Jeanne Varley Name of Person						
Emerging Brand Strategies LLC Firm/Company						
410 North Midland Ave.						
Nyack, NY 10960  City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Jeanne Varley at (845), 480-2677  Name of Person Area Code & Daytime Telephone Numb						
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 \$\square\$ \$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 tortua.				$\cap$	01 (
1. Name of the limit	ted liability company:	tmerg	ing	Brand	Strategies, LLC
2. (a) <u>345</u>	NE 75 AV	(	(b)	410 N.	Midland thre
•	office address of limited liabili ofe: MUST BE STREET ADD				ess of limited liability company:  AY BE POST OFFICE BOX)
Dela	ah Beach	EL		Wack	NY 10460
	334	183		1 1. 0 =	, , ,
	1				
	2/24/2015			- /500	0034088
3. Date	of filing/registration in Fl	orida 4	<b>1</b> .	Documen	t number
5. (a) Unite	<del></del>	prvation 1		<del></del>	
Registered Agen	t and Registered Office shown	on the records of the F	Torida Depi	L of State:	
	02 Winding	Oak Ct.			
Registered Offic	e Address (MUST BE FLO	RIDA STREET ADD	RESS)		
A					<b>5 6</b>
Tal	nna	, FL	336	1,2	藝養工
		,, . <u>2</u>			か同
(b) <u>Jew</u>	ine Varley	1			
Enter name of N	EW Registered Agent and/or !	EW Registered Offi	ce address	:	
345	NE 75	Ave.			# I
NEW Registere	d Office Address:	·			
Deli	-ay Beach	FL	33'	483	
the change or change agent will be identica was/were authorized	s are made, the Florida str d. Or, in the case of a Flo	cet address of the rida limited liabili the members of the	registered ty compa e limited ited liabil	d office and the b iny, it is hereby contains liability company lity company.	hereby confirmed that after business office of the registered confirmed that the change(s) y or as otherwise provided in
- Juan	n. Varly			Jeannel	l'Á r lly Typed name of signee
7/	or authorized representative of a				
I hereby accept the a provisions of all state the obligations of my to merely reflect a ch notified in writing of	ites relative to the proper position as registered ago ange in the registered offi	agent and agree to and complete per ent as provided for ice address, I here	o act in ti formance r in Chap by confir	his capacity. I fu of my duties, and eter 605, F.S. Or, m that the limited	rther agree to comply with the I I am familiar with and accept if this document is being filed I liability company has been

Button and the