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SECRETARY OF JIAGE

D. SCOTT



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2018

KELLY GROENENBOOM 3501 W VINE ST SUITE 399 KISSIMMEE, FL 34741

SUBJECT: EMMYJO LLC Ref. Number: L16000127978

We have received your document for EMMYJO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 818A00000498

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www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: EMMYJO LLC				
· · · · · · · · · · · · · · · · · · ·	me of Limited l	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	Tice Change and	d fee(s) are submitted for filin	g.	
Please return all correspondence concerning to	his matter to the	: following:		
KELLY GROENENBOOM				
Name of Person	 			
KAT REALTY & PROPERTY MANAGE	EMENT LLC			
Firm/Company				
3501 WEST VINE STREET, SUITE 39	99			
Address				
KISSIMMEE, FL 34741			7.0	
City/State and Zip Code			2018 JAN 22 TALLAHASSE	T
kelly@katrealtyflorida.com			朝天	FILEL
E-mail address: (to be used for future and	nual report noti	fication)	25.5 25.5 25.5 25.5 25.5 25.5 25.5 25.5	ir
For further information concerning this matter	, please call:		THE P	
KELLY GROENENBOOM	407 at (943-8734	P 2: 47	
Name of Person		Area Code & Daytime Tele		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	g amount:			
S25 Filing Fee	□ s.	55 Filing Fee & Certified Cop	у	
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. Name of the limited liability company: EMMYJO LLC			
2. (a) FEBRUARISTRAAT 121	(b) 2570 CHANNEL WAY		
Principal office address of limited liability company:		Mailing address of limited liability company	
(Note: MUST BE STREET ADDRESS) Almere, Flevoland 1335AP NL	KICCIM	(Note: MAY BE POST OFFICE BOX)	
Almere, Pievoland 1335AP NL	_ KISSIM	MEE, FL 34746	
Netherlands, Europe	-		
07/06/2016	L160001	27978	
3. Date of filing/registration in Florida	4.	Document number	
5. (a) KOPER, MARJON			
Registered Agent and Registered Office shown on the records of a 2570 CHANNEL WAY Registered Office Address (MUST BE FLORIDA STREET A	·		
KISSIMMEE, FL	34746	2018 TALL	
(b) KELLY GROENENBOOM		LAHA T	
Enter name of NEW Registered Agent and/or NEW Registered	Office address:	JAN 22 HASSI	
3501 WEST VINE STREET, SUITE 399		TILEI	
NEW Registered Office Address:	<u></u> ,	2: 4: FLORID	
KISSIMMEE	34741	∌. J	
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited tia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the Signature of a member or authorized the operating agreement of the Articles of organization or the operating agreement of the Articles of amember of a member of the Articles of a member of the obligations of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merety reflect a change in the registered office address, I have the obligation of this change. Signature of a green agent agent agent and agree the obligation of this change.	the State of Floather registered office the registered office the limited liability community community community community constants. Journal of the limited liability community community capacitation in this capacitation capa	e and the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in an apparatus. HNNY Printed or typed name of signer pacity. I further agree to comply with the duties and I am familiar with and accept	

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