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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

Email Address:_

LLC REGISTERED AGENT CHANGE EMERALD TRADE, LLC

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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. Na	une of the limited liability company: Emerald	Trad	e, LLC				
2. (a)	7901 4th St N	(b) 7901 4th St N					
~. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ``	<i></i>	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
	STE 4260	_	STE 42	260			
	St. Petersburg FL 33702		St. Pete	rsburg FL 33702			
	08/09/2016		L16000:	147857			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Tom Glover						
<i></i> (u)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept, of State	- e:			
	7901 4th St N						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	STE 300			_			
	St. Petersburg .FL	3370	2	red page			
(L)	Northwest Registered Agent L	LC		FALL E			
(b)	Enter name of NEW Registered Agent and/or NEW Registered (dress:	1 2 T				
	7901 4th St N						
	NEW Registered Office Address:			E (F			
	STE 300			5			
	St. Petersburg .FL	3370	2				
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi bility co f the lin	stered offic- ompany, it i aited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in			
	iture of a member of authorized representative of a member	Mo	rgan Nobl				
_				Printed or typed name of signee			
provis the ob- to m <u>er</u>	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ally reflect a change in the registered office address, I had in writing of the change.	ee to ac perform I for in ecreby c	t in this cap lance of my Chapter 60: onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been			

Signature of Registered Agent

TLOVETom Glover - Assistant Secretary