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D. SCOTT MAR 1 3 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2017

ERIKA JACKSON 13043 53RD CT N ROYAL PALM BEACH, FL 33441-1

SUBJECT: 1131 EMORY DRIVE LLC

Ref. Number: L16000158402

We have received your document for 1131 EMORY DRIVE 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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 call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 317A00003863

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17 MAR 13 PN 4: 16

SECRETARY OF STATE
AND ANN SSEE, FLORIDA

COVER LETTER

SUBJECT: 1131 Emory Drive, 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: Erika Jackson Name of Person Firm/Company 13043 53rd Ct N Address Royal Palm Beach, FL 33411 City/State and Zip Code jacksonconcrete@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Erika Jackson at (561) 389-3186
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Erika Jackson Name of Person Firm/Company 13043 53rd Ct N Address Royal Palm Beach, FL 33411 City/State and Zip Code jacksonconcrete@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Erika Jackson at (561) 389-3186
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For further information concerning this matter, please call: Erika Jackson 561 389-3186
Erika Jackson 561 389-3186
at ()
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STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301
Enclosed is a check for the following amount:
■ \$25 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. N	lame of the limited liability company: 1131 Emory	Drive, LLC	
2. (a)	13043 53rd Ct N	(b) 13043 53rd Ct N	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Royal Palm Beach, FL 33411	_ R	oyal Palm Beach, FL 33411
	8/24/16		6000158402
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Kitroser & Associates		
` .	Registered Agent and Registered Office shown on the records of 631 US Hwy 1	the Florida Der	ot. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	North Palm Beach , FL	33408	
(b)	Erika Jackson		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	FILED FILED
	NEW Registered Office Address:		
	13043 53rd Ct N		
	Royal Palm Beach , FL	33411	
the ch agent was/w	limited 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 tere authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the	the registere ability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
			Michael Jackson
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I is a first change.	ree to act in t performance d for in Chaj hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept of the following filed on that the limited liability company has been
Signati	re of Registere Agent		