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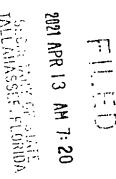
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COVER LETTER

TO:	Registration Section Division of Corporations		·	
SHRII	EMERALD PALMS REALTY LLC			
SUBJECT: Name of Limited Liability Company				
Dear S	ir or Madam:			
The er	closed Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.	
Please	return all correspondence concerning this	s matter to the fo	ollowing:	
LOVE	ITE DOBSON			
	Name of Person		- -	
INCFL	LE.COM LLC			
	Firm/Company		_	
17350	STATE HWY 249 STE 220			
	Address		-	
HOUS	TON, TX 77064			
	City/State and Zip Code			
EFILE	1234@INCFILE.COM			
	E-mail address; (to be used for future ann	ial report notific	cation)	
For fu	rther information concerning this matter,	please call:		
LOVE	TTE DOBSON	888 at (462-3453)	
	Name of Person		Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following	amount:		
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy	

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	ame of the limited liability company: EMERALD PAI	LMS RE	ALTY LLC				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				iling address of limited liability company: Note: MAY BE POST OFFICE BOX)		
	6822 - 22nd Ave N #365		6822 - 22	2nd Ave N #365	_		
	St. Petersburg, FL 33710		St. Peters	sburg, FL 33710			
	03/16/2018		L1800006	9494			
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5. (a))						
J. (a)	Registered Agent and Registered Office shown on the records of LEGALING CORPORATE SERVICES INC.	of the Floi	rida Dept. of St	tate:	2021 TALL		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				AP AH	٠٠٦٦	
	5237 SUMMERLIN COMMONS SUITE 400				2021 APR 13 Seur Larry Melahassi	7	
	FORT MYERS, F	- -L_33907			121 APR 13 AM 7: (LANGESSE FLORI	in O	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Kelsey Miura	ed Office	address:		20 IIba		
	NEW Registered Office Address:						
	5000 47th Ave N						
	St. Petersburg F	33709 FL_)				
chang agent was/v the ar	limited liability company is not organized under the leg or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the way of a number or authorized representative of a member	aws of the regist liability s of the limite	the State of I tered office a company, it limited liabi and liability co celsey Miura	Florida, it is here and the business t is hereby confility company or ompany. Printed or type	s office of the re irmed that the ch as otherwise pr	gistered nange(s) ovided in	
provi: the ol to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	gree to le perfor led for i I hereby	act in this co rmance of m in Chapter 6 v confirm the	apacity. I furthe ny duties, and I o 105, F.S. Or, if t at the limited lia	er agree to comp am familiar with this document is ability company	oly with the and accept being filed has been	
Signa	ture of Registered Agent						

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