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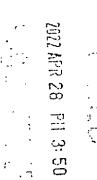
| (Requestor's Name) | | | | |
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| Codificate of Change | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------|--|---------------------------|------------------------------------|
| | EMERSON STREET HOU | ISE LLC | |
| SUBJ | IECT: | | |
| | | Name of Limited I. | Liability Company |
| Dear | Sir or Madam: | | |
| The e | nclosed Registered Agent/Regist | ered Office Change and | I fee(s) are submitted for filing. |
| Please | e return all correspondence conc | erning this matter to the | following: |
| DIAN | E M FREANEY | | |
| | Name of Pers | on | |
| ЕМЕК | RSON STREET HOUSE LLC | | |
| | Firm/Compar | ıy | |
| 2336 5 | SE OCEAN BLVD #230 | | |
| | Address | | |
| STUA | RT, FL 34996-3319 | | |
| | City/State and Zi | p Code | |
| diane. | freancy@icloud.com | | |
| | E-mail address: (to be used for f | uture annual report noti | fication) |
| For fu | orther information concerning thi | is matter, please call: | |
| DIAN | E M FREANEY | 323 | 632-6638 |
| | | at (|) |

Mailing Address:

INHS18 (2/14)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25 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.

| Nε | EMERSON STREE ame of the limited liability company: | |
|-----------------------|--|---|
| | 2336 SE OCEAN BLVD #230 | 2336 SE OCEAN BLVD #230 |
| (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) STUART, FI. 34996-3310 | (b) |
| | 04/18/2016 | 1.18000233380 |
| (a) | Date of filing/registration in Florida FREANEY, DIANE M | 4. Document number |
| (4) | Registered Agent and Registered Office shown on the records of the 850 NW FEDERAL HIGHWAY STE 411 | ne Florida Dept, of State; |
| | Registered Office Address (MUST BE FLORIDA STREET AD | DDRESS) |
| | | 34994 |
| (b) | FREANEY, DIANE M | 2022 A |
| | Enter name of NEW Registered Agent and/or NEW Registered Of 2336 SE OCEAN BLVD #230 | Office address: |
| | NEW Registered Office Address: | ප |
| | STUART 34 | 4 996-33 10 |
| inge ent w s/we | or changes are made, the Florida street address of the re- vill be identical. Or, in the case of a Florida limited liabil | oility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in |
| ignat | ure of a member or authorized representative of a member | Printed or typed name of signee |
| visio obli nere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided for vertical actions of this change in the registered office address, I here is in writing of this change. | e to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and acce for in Chapter 605, F.S. Or, if this document is being file ereby confirm that the limited liability company has been |