

119 000 174 658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

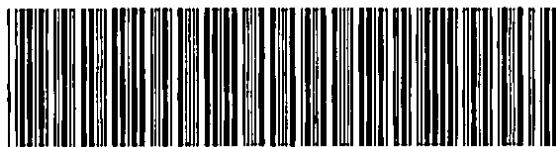
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11/03/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emcrown Services 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:

Henry Mgbemena  
Name of Person

Emcrown Services LLC  
Firm/Company

4884 SW Bermuda way  
Address

Palm City FL 34990  
City/State and Zip Code

HMGMBEMENA@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Henry Mgbemena at ( 917 ) 226 0207  
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

☐ \$55 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. Name of the limited liability company: Emcrown Services LLC

2. (a) 4884 SW Bermuda Way, Palm City, FL 34990 (b) Same as (a)  
Principal office address of limited liability company: FL 34990 Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

4884 SW Bermuda Way  
Palm City FL 34990

same as (a)

3. 07-08-2019 Date of filing/registration in Florida 4. L19000174658 Document number

5. (a) LegalInc Corporate Services Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 Summerlin Commons, Ste 400

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Myers, FL 33907

(b) Registered Agents Inc  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N, Ste 300

NEW Registered Office Address:

St Petersburg, FL 33702

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILING FEE: \$25.00

2020 NOV -2 AM 10:35

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