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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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K. SALY

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1/15/2025 14:03:09 PST To: 18506176383 Page: 2/2 Fax: 8134365206

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	Tame of the limited liability company: EMIOLITEC			
2. (a)	7901 4th St N STE 300	(b) ⁷⁹⁰	(b) 7901 4th St N STE 300	
- . (9)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	St. Petersburg FL 33702	Petersburg FL 33702		
	10/03/2024		00427558	
3.	Date of filing/registration in Florida	4.	Document number	
E (5	、 PEREZ, MIGUEL			
5. (a)	Registered Agent and Registered Office shown on the records of 3253 FOXCROFT RD	ol State:		
	Registered Office Address (MUST BE FLORIDA STREET	F. 12		
	G-210			
(b)	MIRAMAR	33025	TILE PROPERTY OF PARTY OF PART	
		TILEU THANKS FILL (MAIN)		
	Enter name of NEW Registered Agent and/or NEW Registered	ب ب		
	7901 4th St N	(E) (S)		
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg , FI	33702		
the ch agent was/w	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered iability compan of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) lability company or as otherwise provided in ty company.	
Sign	ature of a member or/authorized representative of a member		Printed or typed name of signee	
I hero provis the ob to me notific	eby accept the appointment as registered agent and agistions 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 led in writing of this change.	e performance (ed for in Chapte hereby confirm	is capacity. I further garee to comply with the	
	David Coerts David Roberts - Assistant S	ecretary		
Signat	ure of Registered Agent			