## M11000004855

(Requ	estor's Name)			
(Addre	ess)			
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(City/S	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busir	ess Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Fil	ing Officer:			

Office Use Only



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09/12/13--01025--001 \*\*25.00



CSC - WILMINGTON Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: September 10, 2013

Order#: 789398-008

Re: EMORY ENTERPRISES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursùant to the provisions of sections 608.416 or 608.508, 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. Na	me of the limited liability company: EMORY ENTER	RPRISES, LLC		
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 125 Lawrence Bell Drive Willamsville, NY 14221		
	(Noie. MOSI BE SIREEI ADDRESS)	**************************************		
		Automatica (m.) es		
(b)	Mailing address of limited liability company:			<u> </u>
	(Note: MAY BE POST OFFICE BOX)	**************************************	<u> </u>	<u></u> ≤s
			<u> </u>	로운
	09/27/2011	M11000004855	21 0	FIAR OF C
3. Da	ate of filing/registration in Florida	4. Document number	PH	30 m
			工	.o
5. (a	) Registered Agent and Registered Office shown on	the records of the Florida De	pt. of∙St	ate: 5
	,		· 5	
	Registered Agent:	C T Corporation System		ONS
	Registered Office Address:	1200 South Pine Island Road		
		Plantation, FL 33324	<del></del>	
	NEW Registered Agent:	Corporation Service Compan	У	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	<del>.</del>	
	(MOOT DO TOOM DE TOOM DO TOOM DO TOOM DO TOOM DO TOOM DE TOOM	Tallahassee	,FL3	2301
confir and the liabilithe in the of	limited liability company is not organized under the med that after the change or changes are made, the late business office of the registered agent will be identity company, it is hereby confirmed that the change(sembers of the limited liability company or as otherworking agreement of the limited liability company.	Florida street address of the re tical. Or, in the case of a Flo. (a) was/were authorized by an a	gistered rida limi affirmati	office ted ve vote of
D	Drieba Authorized Dansen			
	Priebe, Authorized Person or typed name of signee	<del></del>		
I her comp and I Chap addre By:	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the plant am familiar with and accept the obligations of my peter 608, F.S. Or, if this document is being filed to mess, I hereby confirm that the limited liability company.	agree to act in this capacity. roper and complete performa osition as registered agent as erely reflect a change in the r ny has been notified in writing	I further nce of m provide egistere g of this	agree to y duties, d for in d office chänge.
	ure of Registered Agenty Corporation Service Company	Sylvia Queppet, Asst. VP		
	b Corporation Service Company	200 m. H. L. 2021		

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