

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000202761 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC REGISTERED AGENT CHANGE **EAGLE US 2 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

AUG 2 9 2014

· . .

	<i>n</i>	$\sim M_{TOD}/M_{\odot}$
STATEMENT OF CHANGE OF REGISTERED OF BOTH FOR LIMITED LIABILITY COMPANY	TICE OR REGISTERED AGENT OF	Sikronarions Air 9: Na
Pursuant to the provisions of sections 605,0114, Flor company submits the following statement in order to che both, in the State of Florida.	ida Statutes, the undersioned limited	liability
1. Name of the limited liability company; Emph US 2 LLC		
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	Allanta, GA 3325	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
08/10/2013	M13000001745	
3. Date of filing/registration in Florida	4. Document number	PS((,***********************************
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State	e:
Registered Agent:	Corporation Service Company	
- •		理 5%
Registered Office Address:	1201 Hoys Street Tallghaseco, Ft. 32301-3525	<u> </u>
	I BIRTHESON, FL 4440 State	्रें कें केंद्र
		ాటు- నిష నుర్మ
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:	
NEW Registered Agent:	C T Corporation System	9:08
Faret to Brainton Laborer		
NEW Registered Office Address:	1200 Bouth Pune Island Road	
(MÚŠT BE FLORIDA STREET ADDRESS)	Plantation FI, 3332	4
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.	laws of the State of Florida, it is hereby lorida street address of the registered of tical. Or, in the case of a Florida limite	, ffice d

Michael Seraphin
Printed or typed name of signes

Signature of a member or authorized representative of a member

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 645, F.S. Or, if this accument 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.

Ternell Kentney Asst. Sandan.

By: Terriell Kearney Asst. Secretary Signature of Registered Agent

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

INHS18 (12/13)