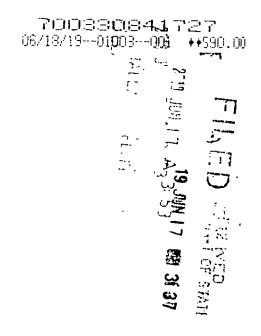
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2019

SUNSHINE CORPORATE FILING OF FLORIDA INC.

SUBJECT: EMANUAL NORTHWOODS LLC

Ref. Number: W19000057324

please allow please allow free date

We have received your document for EMANUAL NORTHWOODS LLC and your check(s) totaling \$590.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

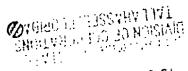
Please provide document number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 419A00012142



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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/17/2019	-		₩WA!	LK IN**
ENTITY NAME EMANU	JAL NORTHWOODS LLC		***	av av
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xxxxxx	Plain Copy Certified Copy		. ဟ ဟ ယ	
	Certificate of Status			
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	·/**		
	APOSTILLE' / NOTARIAL CERTIFICATION			
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TOTAL OWED \$25	СНЕСК # ⁶²³⁴		_	
Please call Tina at t	the above number for any issues or concerns. Thank	yoa 80	much!	

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.

ì.	Na	me of the limited liability company:EMANUEL	NORTHW	OODS	LLC			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAX RF. POST OFFICE BOX)			овлу: <i>ЭХ</i>)
			_	M140	00003127		279	
3.		Date of filing/registration in Florida	4.	1	Document num	ber	Œ	* 1
5	(a)	05/27/2014						, , , ,
5. (a)		Registered Agent and Registered Office shown on the records of the REGISTERED AGENT SOLUTIONS, INC.		ot. of State:		-	_ کب	
		Registered Office Address GMUST BE FLORIDA STREET AD 155 OFFICE PLAZA DRIVE, SUITE A	DRESS)				Ω Ω	
		TALLAHASSEE ' ,FL 3	2301	***				
		, FL, FL						
	(b)							
		Enter name of NEW Registered Agent and/or NEW Registered O	ffice address	S : .				
		UNIVERSAL REGISTERED AGENTS, INC.						
		NEW Registered Office Address:						
		1317 CALIFORNIA STREET						
		TALLAHASSEE , FL 3	2304					
the age was	chai nt w s/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of these of organization or the operating agreement of the line /s/ Ron Emanuel	ne registere ility compa the limited mited liabi	ed office a any, it is l liability	and the busines nereby confirm company or as any.	ss office of	of the re	egistered ee(s)
s	gnati	are of a member or authorized representative of a member			ninted or typed n	ame of sign	icc	
I h pro the to n note		y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete pegations of my position as registered agent as provided fly reflect a change in the registered office address, I her in writing of this change.	to act in t erformance for in Chap reby confi	his capac of my du ster 605, i m that th	ity. I further outes, and I am F.S. Or, if this e limited liabil	ngree to d familiar documen lity comp	comply with an with an nt is bei any has	vith the d accept ng filed been
Sig		nia Cicleon, Asst. VP.						

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