

MIS00000923S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

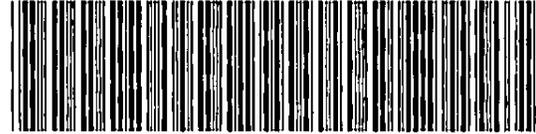
(Business Entity Name)

(Document Number)

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11/20/18--01023--005 \*\*25.00

2018 NOV 20 A 5:00  
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11/26/18 DS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EMERGE AMERICAS, 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:

CHRISTOPHER A. DISCHINO  
Name of Person

DISCHINO & SCHAMY  
Firm/Company

4770 BISCAYNE BLVD., SUITE 1280  
Address

MIAMI, FLORIDA 33137  
City/State and Zip Code

CHRISTOPHER@DSMIAMI.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER DISCHINO at ( 786 ) 581-2542  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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2019 NOV 20 A 5:04

**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: EMERGE AMERICAS, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
2333 PONCE DE LEON BLVD, STE 900  
CORAL GABLES, FL 33134

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
2333 PONCE DE LEON BLVD, STE 900  
CORAL GABLES, FL 33134

3. 11/17/2015 Date of filing/registration in Florida  
 4. M15000009235 Document number

5. (a) CORPORATE CREATIONS NETWORK INC.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

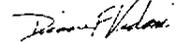
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
11380 PROSPERITY FARMS ROAD, SUITE 221E  
PALM BEACH, FL 33410

(b) DISCHINO & SCHAMY, PLLC  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
4770 BISCAYNE BLVD., SUITE 1280  
MIAMI, FL 33137

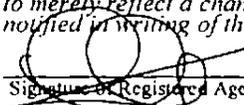
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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

x Diane F Vidoni  
 Printed or typed name of signer

*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