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(shown below) on the top and bottom of all pages of the document.

H210000514913480X

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	To: Division of Corporations							
		Fax Number : (850)617-6383	3					
	From:							
	Account Name : C T CORPORATION SYSTEM							
		Account Number : FCA000000023 Phone : (614)280-3338	3					
		Fax Number : (954)208-0845						
_	. Ema	il Address:		- "				
2	· Ema	LLC REGISTERED A						
٠.	· Ema			, ,				
٠.	· Ema	LLC REGISTERED A CIVIC FINANCIAL S		, ,				
2021 FEB - 5 PH 4: 37	· Ema	LLC REGISTERED A CIVIC FINANCIAL S Certificate of Status		· · · · · · · · · · · · · · · · · · ·				

Electronic Filing Menu

Corporate Filing Menu

Help

From: Ranae McGraw

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.

l. (a)	(a) 2015 Manhattan Beach Blvd. Ste 106			(b). 5404 Wisconsin Avenue, 2nd Floor Mailing address of limited liability company:							
. (a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)								
	Redondo Beach, CA 90278		Chevy Chase, MD 20815								
•			.	 .							
	1/27/2016		М	6000000734							
} .	Date of filing/registration in F	4. Document number									
: 63	Cogency Global Inc.										
i, (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:										
	Registered Office Address (MUST BE FLO			····	·						
	Tallahassee										
(b)	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered O			<u>58</u> ;	94 11	. 10					
						;					
			<u></u>				_				
	NEW Registered Office Address:					J.					
	1200 South Pine Island Road				•		<u> </u>				
	M. A. Alan	2	17704			යා					
	Plantation	FL				Ç.S					
the cha agent was/w the art	imited liability company is not organize ange or changes are made, the Florida stwill be identical. Or, in the case of a Flere authorized by an affirmative vote of ieles of organization or the operating ag	reet address of to orida limited lial the members of preement of the l	oility com the limite	pany, it is hereled liability combility company.	by confirmed pany or as off	that the nerwise p	change(s) provided in				
Signe	nure of a member or authorized representative of	a membar	Printed or typed name of signec								
I here provis the ob to men	by accept the appointment as registeredions of all statutes relative to the propedigations of my position as registered of reflect a change in the registered of all in writing of this change. CT Corporation System	d agent and agre r and compleie t gent as provided fice address, I h	te to act in performan for in Ch erchy con	t this capacity, ce of my duties apter 605, F.S. firm that the lin	l further agr , and I am far Or, if this do nited liability	ee to con niliar wi ocument compan	nply with th th and acce is being file y has been				

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

To: 18506176383