

M16000007392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

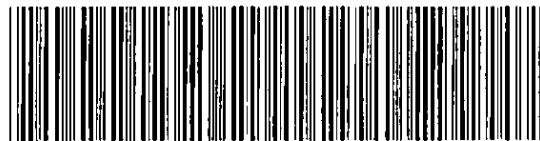
(Business Entity Name)

(Document Number)

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2023 JUL 31 AM 8:56

*[Handwritten signature]*

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Emco Pro 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:

Nancy Emineth

Name of Person

Emco Pro LLC

Firm/Company

6420 Rea Rd Suite A1-136

Address

Charlotte, NC 28277

City/State and Zip Code

semineth@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy

at ( 727 )

744-9415

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

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: Emco Pro LLC

2. (a) 3225 Windbluff Dr (b) 6420 Rea Rd Suite A1-136

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Charlotte

North Carolina 28277

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Charlotte

North Carolina 28277

09/16/2016

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3. Date of filing/registration in Florida

4. Document number

5. (a) Angel F Herrera

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Partners Associated In Development

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3820 Gunn Hwy

Tampa, FL 33518

(b) Carolyn Gallina

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Carolyn Gallina

NEW Registered Office Address:

10740 43rd St N #405

Clearwater, FL 33762

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.

Nancy M. Emineth  
Signature of a member or authorized representative of a member

Nancy Emineth

Printed or typed name of signee

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.

Carolyn Gallina  
Signature of Registered Agent

2023 JUL 31 AM 8:56  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED