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P00000029439

Division of Corporations

Florida Department of State  
Division of Corporations  
Public Access System

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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

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09 APR 20 PM 3:00  
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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

EME-USA ENTERPRISES INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Florida  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EME-USA Enterprises Inc.
2. The principal office address: 18181 NE 31 CT # 801, North Miami Beach, FL 33160
3. The mailing address (if different): 1 SE 3 AV - 16 Floor, Miami, FL 33131
4. Date of incorporation/qualification: 03/17/2000 Document number: P00000029439
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

CT Corporation System

c/o CT Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Eorevia Koba  
(Signature of an officer or director)

Director  
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.

By: Barbara A. Burke  
(Signature of Registered Agent)

4-16-09  
(Date)

If signing on behalf of an entity:

Barbara A. Burke  
Special Assistant Secretary  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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