## P04000053521

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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TALLAHASSEE, FLORIDA

10 pl 13

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Emerson Real Estate Servi¢es, Inc.

Name of Corporation

DOCUMENT NUMBER:

p04000053521

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Walsh

Name of Contact Person

Emerson International, Inc.

Firm/Company

370 CenterPointe Circle Suite 1136

Address

Altamonte Springs, FL \$2701

City/State and Zip Code

mwalsh@emerson-us.com

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

For further information concerning this matter, please call:

Mary Walsh

,407

332-4480

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

	provisions of sections 607.0502, 617.050		
	ange is submitted for a corporation orga er to change its registered office or regist		,
	the corporation: Emerson Real Es	_	1
	office address: 370 CenterPointe		
Altamonte Springs, FL 32701			
	address (if different):		
J. THE HAMMING	address (if different).		
4. Date of incorporation/qualification: 03/26/2004 Document		number: p04000053521	
	d street address of the current registered a trend the trends of State: (If resigned, enter resigned		<b>3</b>
	Kathryn Smith - resigned		12 O
			E CT 2
			FILED 23 PI CAY OF SSEE. F
			F S H
6. The name and (if changed):	i street address of the new registered agen	nt (if changed) an	FILED 2018 OCT 23 PH 12: 42 SinCal Invat Y OF STABE ALLAHASSEE, FLOREDA registered d /or registered
	Mary Walsh		
	370 CenterPointe Circle Sui	te 1136	
P.O. Box NOT acceptable			
	Altamonte Springs, FL 3270	)1	
The street address changed will	ess of its registered office and the street abe identical.	address of the bu	siness office of its registered agent,
Such change was authorized by resolution duly adopted by its board of outhorized by the board, or the corporation has been notified in writing of			lirectors or by an officer so of the change.
HU	lule ~		Claber, Director
	e of an officer or director		d or typed name and title
hereby accept further agree t	the appointment as registered agent and o comply with the provisions of all statu my duties, and I am familiar with and ac	l agree to act in tes relative to th	this capacity. e proper and complete
went. Or. it thi	s document is being filed merely to relle	ct a change in th	ie revistered office address, i
ereby confirm t	that the corporation has been notified in	writing of this	hange.
Mary	arure of Registered Agent	10/08/2013	Date
$\cup$	nalf of an entity:		
Mary Walsh			
	ped or Printed Name		
	* * * FILING FEE	C: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314