

P15000083354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800089236358

*RA Charge
Tues*

02/28/07--01015--021 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FEB 28 AM 9:48

FILED

DAVID J. SCHOTTENFELD, P.A.

Attorney at Law

7520 Northwest 5th Street
Suite 203
Plantation, Florida 33317

Telephone (954) 316-5033
Fax (954) 316-5037

February 26, 2007

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

Re: EMAKS, Inc.
Document # P05000083354

Gentlemen:


Enclosed herein find Statement of Change of Registered Agent with respect to the above referenced entity, together with check in the amount of \$35.00 representing your fee for this document.

Kindly forward the appropriate correspondence/document to the undersigned at your earliest opportunity.

In the event you require any additional information, please do not hesitate to contact my office.

Thank you in advance for your courtesy and prompt response.

Very truly yours,


DAVID J. SCHOTTENFELD

DJS/mib
Encl.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMAKS, INC
(Name of Corporation)

DOCUMENT NUMBER: P05000083354

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:

JOSEPH RAVOSA
(Name of Contact Person)

EMAKS, INC
(Firm/Company)

521 INDUSTRIAL AVENUE
(Address)

BOYNTON BEACH, FL 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH RAVOSA at (954) 415-1228
(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

**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: EMAKS, INC.
2. The principal office address: 521 INDUSTRIAL AVENUE
BOYNTON BEACH, FL 33426
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/08/2005 Document number: P05000083354

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FILINGS, INC

3732 NW 16 STREET

FT LAUDERDALE, FL 33311

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

JOSEPH RAVOSA

521 INDUSTRIAL AVENUE

(P.O. Box NOT acceptable)

BOYNTON BEACH, FL 33426

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.


(Signature of officer or director)

JOSEPH RAVOSA, PRESIDENT

(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.


(Signature of Registered Agent)

FEBRUARY 2007

(Date)

If signing on behalf of an entity:

JOSEPH RAVOSA

(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)

FILED
2007 FEB 28 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA