105000107313

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
•				
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SECRETARY OF STATE
TALLAHASSEE, FLORID

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	EMARKET ONLINE,					
	Name of Corporati	ion				
DOCUMENT NUMBER:	P0500010	7313				
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:						
James E. Farah, Esq.						
Name of Contact Person						
The Fourth Lavy Firms D.A.						
The Farah Law Firm, P.A. Firm/Company						
	1506 Prudential Drive, 2nd Floor					
	Address					
Jacksonville, Florida 32207 City/State and Zip Code						
·						
E-mail addı	jim@farahlaw.co ress: (to be used for future a	om nnual report notifica	tion)			
D man addi	eso, (to de asea for fatare a					
For further information concerning this matter, please call:						
	•	004	704 7000			
James E. Fara Name of Contact	Person at (904 Area Code & Daytime	Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.						
5.7 W		G4				
	Address: ment Section	Street Address: Amendment Secti	on .			
	on of Corporations	Division of Corpo	orations			
	ox 6327	Clifton Building				
Tallaha	ssee, FL 32314	2661 Executive C Tallahassee, FL 3	• • • • • • • • • • • • • • • • • • • •			

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

statement of cha	provisions of sections 607.0502, 617 ange is submitted for a corporation o er to change its registered office or r	organized under the laws of the State	_{e of} <u>Florida</u>
1. The name of	the corporation: EMARKET O	NLINE, INC.	
2. The principal	office address: 11246 Alumni W	/ay, Jacksonville, Florida 322	.46
3. The mailing a	address (if different): P.O. Box 54	l221, Jacksonville, Florida 32	2245
4. Date of incor	poration/qualification: 08/02/2	2005 Document number:	P05000107313
	d street address of the current registe rtment of State: (If resigned, enter re		le with the
	Shad Hedy		10 6 M
	11246 Alumni Way		LOCAL SOLUTION OF THE PARTY OF
	Jacksonville, Florida 32246		
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and /or registered	d office F. F. O. P.
	The Farah Law Firm, P.A.		
	1506 Prudential Drive, 2nd	Floor ox NOT acceptable	***************************************
	Jacksonville, Florida 32207		
The street addr as changed wil	ess of its registered office and the s	street address of the business office	of its registered agent,
Such change w authorized by t	as authorized by resolution duly ad he board, or the corporation has be	lopted by its board of directors or been notified in writing of the change	by an officer so e.
Signati	ure of an other or director	Shad Hedy, President Printed or typed name	
I hereby accept I further agree of my duties, an document is be	t the appointment as registered age to comply with the provisions of al nd I am familiar with and accept th ing filed merely to reflect a change ss been notified in writing of this ch	ent and agree to act in this capacity Il statutes relative to the proper and le obligation of my position as regi. e in the registered office address, I d lange.). d complete performance stered agent. Or, if this hereby confirm that the
Daves	E. Jook	8-4-10	
If aloning and	gnature of Registered Agent	Date	
	ehalf of an entity:		
	mes E. Farah, Esq. Typed or Printed Name		
	* * * FILIN	IG FEE: \$35.00 * * *	