

PO8000021234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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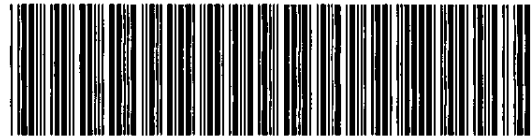
(Business Entity Name)

(Document Number)

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SECURITY STATE
TALLAHASSEE FL 0911

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMERALD 45, INC.

Name of Corporation

DOCUMENT NUMBER: PO8000021234

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:

AIDA LOPEZ

Name of Contact Person

EMERALD 45, INC.

Firm/Company

15601 SW 109th TERRACE

Address

MIAMI, FL 33196

City/State and Zip Code

SERG277@BELLSOUTH.NET

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

For further information concerning this matter, please call:

AIDA LOPEZ

Name of Contact Person

at (305) 776-3430

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: EMERALD 45, INC.
2. The principal office address: 15601 SW 109th TERRACE
MIAMI, FL 33196
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 02/27/2008 Document number: P08000021234

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)

NORA CALDERA-LOPEZ

15601 SW 109th TERRACE

MIAMI, FL 33196

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

AIDA LOPEZ

15601 SW 109th TERRACE

P.O. Box NOT acceptable

MIAMI, FL 33196

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.

Aida Lopez
Signature of an officer or director

AIDA LOPEZ, 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.

Aida Lopez
Signature of Registered Agent

11/13/2012

Date

If signing on behalf of an entity:

AIDA LOPEZ

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 (03/12)