

P08000021234

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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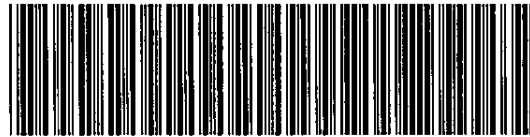
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATE AFFAIRS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EMERALD 45, INC  
Name of Corporation

**DOCUMENT NUMBER:** P08000021234

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:

Nora Caldera-Lopez  
Name of Contact Person

Emerald 45, Inc  
Firm/Company

15601 SW 109th Terrace  
Address

Miami, FL 33196  
City/State and Zip Code

NoraLopez@usa.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nora Caldera-Lopez at (305) 388-3411  
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: 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)

Aida 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):

Nora Caldera-Lopez

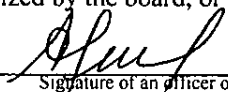
15601 SW 109th Terrace

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.

  
\_\_\_\_\_  
Signature of an officer or director

Aida Lopez / 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

06/10/2013

Date

If signing on behalf of an entity:

Nora Caldera-Lopez

Typed or Printed Name

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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