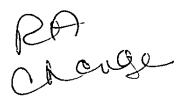
P110000060198

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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10/2/14

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: EMANTO HOLDINGS CORP

Name of Corporation

DOCUMENT NUMBER

P11000060198

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:

JENNIFER LEVIN, ESQ.

Name of Contact Person

JENNIFER LEVIN, P.A.

Firm/Company

19380 COLLINS AVENUE, SUITE 1120

Address

SUNNY ISLES BEACH FL 33160

City/State and Zip Code

JENNIFERLEVINESQ@OUTLOOK.COM

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

For further information concerning this matter, please call:

JENNIFER LEVIN

,,305

785-4323

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: EMANTO HOLDINGS CORP
2. The principal	office address: 1800 OCEAN DRIVE SOUTH UNIT 3602 HALLANDALE, FL 3300
3. The mailing a	ddress (if different): 2251 Lapierre LaSalle, Quebec, H8N 1B7 CA
4. Date of incor	poration/qualification: 6/29/2011 Document number: P11000060198
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	GRISALES-RACINI, OSCAR ESQ
	2999 NE 191ST ST- CONCORDE CENTRE II
	AVENTURA, FL 33180
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	*
	19380 Collins Avenue, Suite 1120 P.O. Box NOT acceptable
	Sunny Isles Beach FL 33160
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
1/1/	EMMANUEL TORABI Printed or typed name and title
_	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is deciment is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	mature of Registered Agent Date
	half of an entity:
	LEVIN, President
	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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