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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 AVE., STE 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

Name of Contact Person

305 785-4323

at () 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: EMANTO HOLDINGS CORP
2. The principal office address: 733 North Andrews
Fort Lauderdale, FL 33311
3. The mailing address (if different): 2251 LAPIERRE LASALLE
QUEBEC H8N 1B7 CA
4. Date of incorporation/qualification: JUNE 29, 2011 Document number: P11000060198
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)

JENNIFER LEVIN, P.A.

19380 COLLINS AVE SUITE 1120

SUNNY ISLES, FL 33160

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

JENNIFER LEVIN, P.A.

20295 NE 29 PLACE, SUITE 200

P.O. Box NOT acceptable

AVENTURA FL 33180

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

EMMANUEL TORABI, 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.


Signature of Registered Agent

5/31/17
Date

If signing on behalf of an entity:

JENNIFER LEVIN, P.A.

Typed or Printed Name

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