P1100006019S

(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

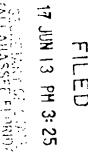


800300116238

U6/18/17--01019--012 ** 35.00

S TALLENT JUN 21 2017

RIACH



COVER LETTER

TO: Amendment Section Division of Corporations

EMANTO HOLDINGS CORP

Name of Corporation

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
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 ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of FLORIDA ler 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 principa	derdale, FL 33311
	address (if different); 2251 LAPIERRE LASALLE EC H8N 1B7 CA
4. Date of incor	rporation/qualification: JUNE 29, 2011 Document number: P11000060198
5. The name and	id street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	JENNIFER LEVIN, P.A.
	19380 COLLINS AVE SUITE 1120
	SUNNY ISLES, FL 33160
6. The name and (if changed):	d street address of the new registered agent (if changed) and/or registered office $\frac{1}{2}$
	JENNIFER LEVIN, P.A.
	20295 NE 29 PLACE, SUITE 200
	P.O. Box NOT acceptable AVENTURA FL 33180
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, libe identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatur	EMMANUEL TORABI, DIRECTOR Printed or typed frame and title
I hereby accept I further agree to try the agree of try the agreement try the agree of the try the agree of the agree try the agree of the agree the agree of the agree of the agree the agree of the agree of the agree the agree of the agree the agree of the agree of	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 document is being filed merely to reflect a change in the registered office address. I that the corporation has been obtified in writing of this change.
19/1	5/31/17
	half of an entity:
	LEVIN, P.A.
	sped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BON 6327, TALLAHASSEE, FL 32314

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