P130001168

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

Subject: Emporio Holding Corporation

Name of Corporation

DOCUMENT NUMBER: P13000011768

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:

Michael Rau

Name of Contact Person

CORPORATE SOLUTIONS USA INC.

Firm/Company

1111 Brickell Ave

Address

Miami FL 33131

City/State and Zip Code

info@company-usa.com

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

For further information concerning this matter, please call:

Michael Rau

,239

628-3524

Name of Contact Person

Arca 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

BOTH FOR CORPORATIONS

statement of chai	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orgo r to change its registered office or regi	anized under the laws of the State of <u>F</u>	lorida
1. The name of the	he corporation: Emporio Holding	Corporation	
2. The principal	office address: 444 BRICKELL A	VENUE SUITE 51132 MIAI	MI, FL 33131
3. The mailing ac	ddress (if different):		
4. Date of incorp	poration/qualification: 02/05/2013	Document number: P1300	0011768
	I street address of the current registered tment of State: (If resigned, enter resigned)	2	th the
	ALTON LLC 444 BRICKELL AVEN	IUE SUITE 705 MIAMI, FL 33131	
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or registered off	13 HS/ 18 PH SECKETALY OF N TALLAHASSEE, FI
	Corporate Solutions USA Ir	nc	#F #
	1111 BRICKELL AVE SUITED P.O. Box N	TE 1100 MIAMI, FL 33131	8 H X
The street addre	ess of its registered office and the street be identical.	et address of the business office of its	registered agent,
-	as authorized by resolution duly adopt ne board, or the corporation has been i		
Complete	are of an ollower or director	BRUETSCH, FLORIAN	
I hereby accept I further agree i performance of	the appointment as registered agent of a comply with the provisions of all stand duties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified	and agree to act in this capacity. atutes relative to the proper and com Laccept the obligation of my position	plete as registered
Sigi	nature of Registered Agent	Date	
Mille	chalf of an entity:		

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

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

CR2E045 (03/12)