

P140000085044

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

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

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(Address)

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

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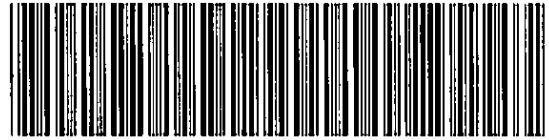
\_\_\_\_\_  
(Business Entity Name)

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

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NOV 14 2018  
TALLAHASSEE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **EMERGE MANAGER, INC.**

Name of Corporation

DOCUMENT NUMBER: **P14000085044**

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:

**CHRISTOPHER A. DISCHINO**

Name of Contact Person

**DISCHINO & SCHAMY, PLLC**

Firm/Company

**4770 BISCAYNE BLVD, SUITE 1280**

Address

**MIAMI, FL 33137**

City/State and Zip Code

**CHRISTOPHER@DSMIAMI.COM**

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

For further information concerning this matter, please call:

**CHRISTOPHER DISCHINO** at ( **786** ) **581-2542**

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: EMERGE MANAGER, INC.
2. The principal office address: 2333 PONCE DE LEON BLVD., SUITE 900  
CORAL GABLES, FL 33134
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/15/2014 Document number: P14000085044
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)

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD, SUITE 221E  
PALM BEACH, FL 33410

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

DISCHINO & SCHAMY, PLLC  
4700 BISCAYNE BLVD., SUITE 1280  
P O Box NOT acceptable  
MIAMI, FLORIDA 33137

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TALLAHASSEE, FLORIDA

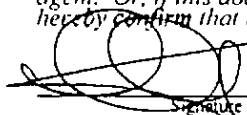
The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

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.

X   
Signature of an officer or director

X Diane F Vidoni, COO  
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

10/19/2018  
Date

If signing on behalf of an entity:

CHRISTOPHER A. DISCHINO  
Typed or Printed Name

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