

P14937

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954) 208-0845  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**REGISTERED AGENT CHANGE  
EMA OF MINNESOTA, INC.**

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Corporate Filing Menu

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**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 Minnesota in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EMA of Minnesota, Inc.

2. The principal office address: 2355 Highway 36 West, Suite 200, St. Paul, MN 55113

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/23/1987 Document number: PI4937

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)

John Schiebold (resigned)  
13101 Penshurst LN  
Windermere, Florida 34786

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

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324  
P.O. Box NOT acceptable

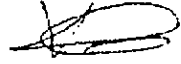
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Sharon Peters, President  
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.*

By:   
Signature of Registered Agent

06/01/2022  
Date

If signing on behalf of an entity:

C T Corporation System  
Typed or Printed Name

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

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