Division of Corporations Electronic Filing Cover Sheet

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(((H20000349657 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE EM KEY SOLUTIONS INC

Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

H200003496573

TO:

Amendment Section Division of Corporations

SUBJECT: Em Key Solutions Inc Name of Corporation DOCUMENT NUMBER: P16000050855 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: Jackie DeFilippis Name of Contact Person InCorp Services, Inc. Firm/Company 3773 Howard Hughes Pkwy. - Suite 500S Address Las Vegas, NV 89169-6014 City/State and Zip Code Documents@incorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jackie DeFilippis on behalf of InCorp Services, Inc.

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

CR2E045 (04/13)

H 2000 34 90573 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	ne provisions of sections 607.0502, 617. hange is submitted for a corporation of der to change its registered office or re	rganized	under the laws of the State of	of FL
1 The name o	of the corporation: Em Key Solutions	s Inc		
	al office address: 803 3rd Ave S, Tie		de, FL 33715	
3. The mailing	g address (if different):			
4. Date of inco	orporation/qualification:06/03/2	2016	_ Document number:	P16000050855
	and street address of the current register partment of State: (If resigned, enter res		and registered office on file	with the
	Boyatt, Cynthia			
	803 3Rd Ave S		•	
	Tierra Verde, FL 33715			-
6. The name a (if changed	and street address of the new registered): InCorp Services, Inc.	l agent (it	f changed) and /or registered	- ;
	17888 67th Court North			F'': 12: 1
	Loxahatchee, FL 33470	O. Box NO	T acceptable	
The street add	dress of its registered office and the st	treet add	ress of the business office o	f its registered agent,
Such change authorized by	was authorized by resolution duly add the board, or the corporation has bee	opted by on notific	its board of directors or by d in writing of the change.	an officer so
Cyn	thia Boyatt	C	Synthia R. Boyatt, Directo	r
I hereby acce	ature of an officer or director pt the appointment as registered agen te to comply with the provisions of all and I am familiar with and accept the being filed merely to reflect a change i has been notified in writing of this cha	nt and as statutes obligat in the re mge.	Printed or typed name a gree to act in this capacity, relative to the proper and d ion of my position as registe gistered office address, I he	
Jac	built lines		September 25	, 2020
II	Signature of Registred Agents behalf of an entity:	_	Date	
	DeFilippis on behalf of InCorp Servi	ices, Ind	Ç.	
	* * * FILING	G FRE-	\$35.00 # * #	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)