Placos 57442

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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SECRETARY OF STATES TALLAHASSEE, FILORIAN

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APR 11 2017

T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EMI Design Of Corporation
DOCUMENT NUMBER:
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:
Ana Maria Rivas. Name of Contact Person
EMIDISION CORP
20701 SW 132 H. Address
MIQMI, FT 33177 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Davidin at (780) 830 1818. Name of Contact Person at (780) 830 1818. 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 change is submitted for a corporation organized under the laws of the State of TOYICO. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: EMI DAVIAN CORD
2. The principal office address: 2070) Sw 132 ft
Miami, FT 33177
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number:
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)
Darianna Collato
20701SW 132 lt
Miami, FT 33177
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): AND MOVIO DIVAL 2070 Sw NoT acceptable P.O. Box NOT acceptable P.O. Box NoT acceptable 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.
Davianna Collago Desidert. 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 oproration has been notified in writing of this change.
02.21.2017.
Signature of Registered Agent Date If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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