

(Requestor's Name)
(Address)
(Address)
(· · · · · · · · · · · · · · · · · · ·
(0) 10
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Cartified Copies Cortificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300330346353

08/24/19--01028--028 **35.00

Ra Chang

COVER LETTER

TO: Amendment Section Division of Corporations

_{subject.}Info Emergence, Inc.

Name of Corporation

DOCUMENT NUMBER, P18000012706

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:

Richard Korecki

Name of Contact Person

Info Emergence, Inc.

Firm/Company

2128 Ventana Dr

Address

Coraopolis, PA 15108

City/State and Zip Code

rkorecki@infoemergence.com

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

For further information concerning this matter, please call;

Richard Korecki

239

405-0730

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 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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

CR2E045 (03/12)