P20 000071079

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
•	·	
/Civ	(Chata (7:- IDhana	49
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
	cument Number)	
(50	cament (validet)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special management to	i iiiig Gilloci.	

Office Use Only



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FILED

2020 OCT 13 PM 5: 20

SECRETARY DE STATE

MIKURD

COVER LETTER

TO:	Amendment Section Division of Corporations	Amendment Section Division of Corporations			
SUBJ	JECT: Eml.u. Inc.	•			
Name	of Corporation				
DOC	CUMENT NUMBER: P20000071079				
The e	enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.			
Pleas	e return all correspondence concerning thi	s matter to the following:			
-	al Reece				
Name	e of Contact Person				
	m and Cheek, Inc.				
Firm/	Company Company				
442 E	EStephen Foster Ave				
Addr	ess				
Bards	stown, KY 40004				
City/S	State and Zip Code				
	creece@brownandcheek.com	n; steve.williams@fetchpetcare.com			
E-ma	nil address: (to be used for future annua	il report notification)			
For ti	urther information concerning this matter.	please call:			
Cryst	al Reece	$_{31.7}$ 502 $_{\chi}$ 349-3000 x 106			
	Name of Contact Person	at (502)349-3000 x 106 Area Code & Daytime Telephone Number			
Enclo	osed is a \$35.00 check made payable to the	e Department of State.			
	Mailing Address: Amendment Section	Street Address:			
		Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of che	provisions of sections 607,0502, 617,0502 inge is submitted for a corporation organi ir to change its registered office or register		· <i>N</i>		
1. The name of	the corporation. EmLu, Inc.				
The name of the corporation: EmLu, Inc. 2. The principal office address: 5401 W Kennedy Blvd Suite 100, Tampa FL 33609					
3. The mailing a	address (if different): 956 West Ellis Street,	Papatile II. 60067			
4. Date of incor	poration/qualification: <u>9\03/20</u>	Document number: P20000071079			
	d street address of the current registered agreement of State: (If resigned, enter resigned				
RESIGNED: Northwest Registered Age		ulo s E	ากวก		
	7901 4th St N Ste 300	ALL.	PART 13 PH		
	St Petersburg, FL 33702	ARY	- ω - Π		
6. The name and street address of the new registered agent (if changed) and /or registered office in the changed of the new registered agent (if changed) and /or registered office in the changed of the new registered agent (if changed) and /or registered office in the changed of the new registered agent (if changed) and /or registered office in the changed of the new registered agent (if changed) and /or registered office in the changed of the new registered agent (if changed) and /or registered office in the changed of the new registered agent (if changed) and /or registered office in the changed of the new registered agent (if changed) and /or registered office in the changed of the new registered agent (if changed) and /or registered office in the changed of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered office in the changed of the cha					
Tampa FL 33609					
					Sten M Williams
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered	d agent,		
Such change w authorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.			
	n M. Williams	Steven M. Williams			
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent and to comply with the provisions of all statuded I am familiar with and accept the obliging filed merely to reflect a change in the steen notified in writing of this change.	Printed or typed name and title I agree to act in this capacity, tes relative to the proper and complete performation of my position as registered agent. Or registered office address, I hereby confirm	ormance or, if this that the		
Steve	n M. Williams	10/07/2020			
·		Date			
	chalf of an entity:				
Steven M. Willis	AIMS Vped or Printed Name				
	* * * FILING FE	E: \$35.00 * * *			

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