

A15844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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J. BRYAN JUN 22 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empire Florida Ltd.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

James A. Fowler
(Contact Person)

Empire Florida, Ltd.
(Firm/Company)

28 W. Central Blvd. #400
(Address)

Orlando, FL 32801
(City, State and Zip Code)

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For further information concerning this matter, please call:

James Fowler at (407) 425-2684
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
 \$61.25 Filing Fee and Certificate of Status
 \$105.00 Filing Fee and Certified Copy
 \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Empire Florida, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/02/1983 3. A15844
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Warren E. Williams
Name
28 W. Central Blvd.
Address
Winter Park FL
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

James A. Fowler
Name
28 W. Central Blvd #400
Florida street address (P.O. Box not acceptable)
Orlando FL 32801
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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 obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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