

LA1000324302

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

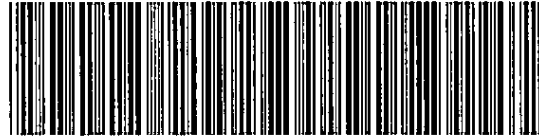
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FEB 22 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2022

JAMEKIA ANDERSON  
151 PERRY DR  
HAINES CITY, FL 33844

SUBJECT: EMPRESS NOIRE LLC  
Ref. Number: L21000324302

We have received your document for EMPRESS NOIRE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 922A00000873

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Empress Noire LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamikia Anderson  
Name of Person

Empress Noire LLC  
Firm/Company

6039 Cypress Gardens Blvd #546  
Address

Winter Haven, FL 33884  
City/State and Zip Code

Jainfiniteenterprise11c@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamikia Anderson at ( 407 ) 334 7787  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Empress Noire LLC
2. (a) 6039 Cypress Gardens Blvd. (b) 6039 Cypress Gardens Blvd.  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- #546 #546  
Winter Haven, FL 33884 Winter Haven, FL 33884
3. 16 July 2021 4. L21000324302  
Date of filing/registration in Florida Document number

5. (a) Jamekia Anderson  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

151 Perry Dr.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Haines City, FL 33844

- (b) Jamekia Anderson  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6039 Cypress Gardens Blvd.  
**NEW Registered Office Address:**

Winter Haven, FL 33884

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Jamekia Anderson  
Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent