

M18000002150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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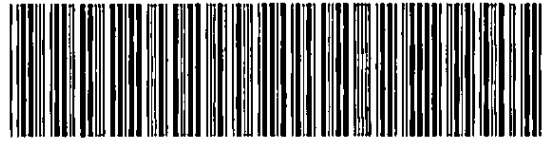
(Business Entity Name)

(Document Number)

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**Patton Compliance**  
*Insurance licensing compliance.*  
*It's what we do.*



3122 Mahan Drive, Suite 801-250  
Tallahassee, FL 32308  
Phone: 850.755.0626  
E-mail: [taylor@pattoncompliance.com](mailto:taylor@pattoncompliance.com)

October 15, 2020

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Empire Benefits Administrators, LLC  
FEIN # 45 - 4674412  
Statement of Change of Registered Agent for Foreign Limited Liability Company

To whom it may concern,

Enclosed, please find a completed Statement of Change of Registered Agent for Limited Liability Company submitted on behalf of the above referenced entity.

Empire Benefits Administrators, LLC, authorizes Patton Compliance to represent its company and to correspond with your department on its behalf. Please do not hesitate to contact me if you have questions or require additional information.

Sincerely,

Taylor Daniels

A handwritten signature in black ink that reads "Taylor Daniels".

Licensing Administrator

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Empire Benefits Administrators, 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:

Taylor Daniels  
\_\_\_\_\_  
Name of Person

Patton Compliance  
\_\_\_\_\_  
Firm/Company

3122 Mahan Drive, Suite 801-250  
\_\_\_\_\_  
Address

Tallahassee, FL 32308  
\_\_\_\_\_  
City/State and Zip Code

taylor@pattoncompliance.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taylor Daniels at ( 850 ) 755-0626  
\_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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

**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: Empire Benefits Administrators, LLC

2. (a) 571 MCDONALD AVE (b) 1754 55TH ST  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

BROOKLYN, NY 11218 BROOKLYN, NY 11204

3. 03/01/2018 4. M18000002150  
 Date of filing/registration in Florida Document number

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

155 OFFICE PLAZA DR  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1ST FLOOR  
Tallahassee, FL 32301

(b) Corporation Service Company  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street  
NEW Registered Office Address:  
Tallahassee, FL 32301

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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

Leo Weiss, Manager  
 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] BY: Corporation Service Company  
 Signature of Registered Agent