## LOL 0000 45904

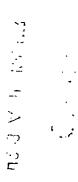
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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## COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
SUBJECT: _ EMPD INVESTMENTS OF SARAS	OTA LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matte	r to the following:				
DAVID C MACLICH PROUTER					
DAVID S. MAGLICH, ESQUIRE  Name of Person	<del></del>				
Thanke of Person					
FERGESON SKIPPER, P.A.					
Firm/Company	<del></del>				
1515 RINGLING BOULEVARD, 10TH FL					
Address					
SARASOTA, FL 34236	<u></u>				
City/State and Zip Code					
dmaglich@fergesonskipper.com					
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please	call:				
David S. Maglich, Esquire at (	941 ) 957-1900				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
2 \$25 Filing Fee	S55 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.	Na	me of the limited liability company:EMPD_INVES	TMENTS O	OF SARASOTA, LLC
2	(a)		_ (b) _	
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (%)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		2100 Princeton Court	_	P. O. Box 517
		Allenwood, NJ 08720		Allenwood, NJ 08720
		05/03/2006		L06000045904
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Canino, John A.		
٠.	(4)	Registered Agent and Registered Office shown on the records of the	he Florida De	pt. of State:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
		1751 Mound Street		<u> </u>
				<del></del>
		Sarasota, , FL	34236	<del></del> > H
				ф
	(b)		000 11	<del></del>
		Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u> </u>
		1515 BYNGI THE BOIL EVABD		
		1515 RINGLING BOULEVARD  NEW Registered Office Address:	<del></del> -	<del></del>
		10TH FLOOR		
				<del></del>
		SARASOTA FL	34236	
		SARASUTA , FL	3,230	<del></del>
the	e chi	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization of the operating agreement of the	the register	red office and the business office of the registere pany, it is hereby confirmed that the change(s)
_		Low / W	EDV	WARD MISHAN
	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
pr the to	ovis e ob mer	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had a more than the change.	ee to act in performanc i for in Cha iereby confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accepapter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Si	gnati	re of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00