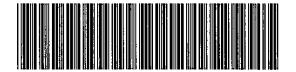
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(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP	☐ WAIT	MAIL							
(Business Entity Name)									
(Document Number)									
Certified Copies	_ Certificates	s of Status							
Special Instructions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





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SCRETARY OF STATE

S Warren

AUG 1 6 2016

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	·,							
SUBJECT: Empire Global Financial Ser	vices, LLC							
Name of Limited Liability Company								
Door Sin on Modern								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.							
Please return all correspondence concerning thi	is matter to the following:							
Milton H. Barbarosh								
Name of Person								
Empire Global Financial Services, LLC								
Firm/Company								
265 S. Federal Hwy., #340								
Address								
Deerfield Beach, FL 33441	(de)							
City/State and Zip Code Milton & KMPiRK GLOBAL Finsh mbarbarosh@icloud.com-	ANCIAL. COM							
E-mail address: (to be used for future ann	ual report notification)							
For further information concerning this matter,	please call:							
Milton Barbarosh	at () <u>843-5757</u>							
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 Global Financial Services, LLC								
	(a)	Principal office address of limited liability company:					nited liel	bility company:	
		(<u>Note: MUST BE STREET ADDRESS</u>)						FFICE BOX)	
		1143 W. Newport Center Dr	_	265 S. F	Federal H	lwy, #	340		
		Deerfield Beach, FL 33442	_ _	Deerfiel	d Beach	, FL 33	3441		
		07/10/2010		L100007	0349				
3.		Date of filing/registration in Florida	4.	***************************************	Documer	ıt numb	er		
5.	(a)								
٥.	(α)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of Stat	– te:				
		Nicholas Gugliuzza							
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	_				
	2888 East Oakland Park Blvd					• }	~		
		Fort Lauderdale , FL	33306		_		9114 B167	Ti	
	(b)					TAR)	<u>5</u> 1 %	1	
	(~)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	ט די			
		Milton H. Barbarosh				RETARY OF STATE	ىپ	™ .	
		NEW Registered Office Address:			_	N	Ę		
		1143 W. Newport Center Dr.			_				
		Deerfield Beach , FL	33442		_				
the ag wa the	ent vas/we art	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 of icles of organization or the operating agreement of the ture of a member or authorized representative of a member	the regis ability co of the lim limited I	stered offic ompany, it i lited liabilit liability cor on H. Ba	e and the leads to the second the second to the second	business confirme y or as o	office ed that otherw me of sig	of the registered the change(s) ise provided in	
pr the to no	ovisi e obl mer tifie	by accept the appointment as registered agent and agricons 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 have been all the change of this change are of Registered Agent	ee to act perform d for in C hereby co	in this cap ance of my Chapter 60, onfirm that	pacity. I fu duties, an 5, F.S. Or the limite	irther as d I am f t, if this d liabili	gree to amilia docum ty com	comply with the r with and accept ent is being filed pany has been	
31	gnatu	ic or registered Agent							