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| (Requestor's Name) | | | | | | |
|-----------------------------------------|--------------------|-----------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| | | | | | | |
| (CII | ty/State/Zip/Phone | : #) | | | | |
| PICK-UP | ☐ WAIT | MAIL . | | | | |
| (Business Entity Name) | | | | | | |
| (Dc | ocument Number) | | | | | |
| (22 | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECRETARY OF STORY
TAIL AHASSEE, FLORIDA

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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

| Divi | sion of Corporations | | | | |
|-------------------------------|---------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| SUBJECT: | Empire Global Advisory Services, LLC | | | | |
| | Name of Limited Liability Company | | | | |
| Dear Sir or M | Madam: | | | | |
| The enclosed | d Registered Agent/Registered Office (| Change a | and fee(s) are submitted for filing. | | |
| Please return | all correspondence concerning this m | atter to th | the following: | | |
| Milton H. E | Barbarosh | | | | |
| | Name of Person | | | | |
| Empire Gl | obal Advisory Services, LLC | | TALL SEC | | |
| | Firm/Company | | LAHA! | | |
| 265 S. Fed | deral Hwy., #340 | | - SS | | |
| | Address | | | | |
| | Beach, FL 33441 | | 88 BB 82 BB 82 BB 83 BB | | |
| MilYou mbarbares | City/State and Zip Code CHAPREGLOSALFINANC Chapteloud.com | CAL. | .com (Mb) | | |
| E-mail | address: (to be used for future annual | report no | otification) | | |
| For further in | nformation concerning this matter, plea | ase call: | | | |
| Milton Bar | | 561 | 843-5757 | | |
| | Name of Person | , | Area Code & Daytime Telephone Number | | |
| Regi Divi Clift 2661 | istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301 |]]] | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Encl | losed is a check for the following am | ount: | | | |
| 2 \$2 | 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. Na | ame of the limited liability company: Empire Glob | al Advis | sory Service | es, LLC | | | |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|
| 2. (a) | | (1 | b) | | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | M | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | 1143 W. Newport Center Dr | 265 S. Fe | 265 S. Federal Hwy, #340 | | | | |
| | Deerfield Beach, FL 33442 | _ | Deerfield | Beach, FL 33 | 3441 | | |
| | 01/24/2011 | | L1100001 | 0385 | | | |
| 3. | Date of filing/registration in Florida | 4. | j | Document numb | er | | |
| 5. (a) | | | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records o | f the Florid | a Dept. of State: | : | | | |
| | Allan M. Lerner, Esq. | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | <u></u> | | | | |
| | 2888 East Oakland Park Blvd | | _ | | TALI | .a. ≥ 11. | |
| | Fort Lauderdale , F | L_33306 |) | | | | |
| | | | | | 288 288 188 | 7 | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office or | | | | > !!! | |
| | Enter thank of the W Registered Agent and/of the W Registere | u Onice at | iutess. | | - 중심 호 | | |
| | Milton H. Barbarosh | | | | | п | |
| | NEW Registered Office Address: | | | | | | |
| | 1143 W. Newport Center Dr. | | | | | | |
| | Deerfield Beach | L_33442 | <u>}</u> | | | | |
| the cha agent was/w | limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members | aws of the fither of the lity of the lir | e State of Flor istered office company, it is nited liability | and the business hereby confirmed company or as of | s office of the court of the co | he registered change(s) | |
| the art | icles of organization or the operating agreement of the | | • | | | | |
| Signs | lure of a member or authorized representative of a member | MI | lton H. Bart | Printed or typed nar | ma of signag | | |
| I here provisi the ob- to mer | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided in the proper and complete ligations of my position as registered agent as provided in the registered office address, if the provided in the registered office address, if the provided in the registered office address, if the provided in the registered of the provided in the provi | gree to ac e perforn ed for in l hereby c | | ,, | | ply with the h and accept s being filed has been | |
| Signati | ire of Registered Agent | | | | | | |