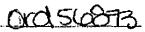


Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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B. BOSTICK

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EMPIRE CORP

12/10/2012

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12/10/2015 12:00

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Molroso Heights Properti	BB, LLC
2. (a) Principal office address of limited liability company:	2442 Arch Creek Drive
(Note: MUST BE STREET ADDRESS)	North Miami, Florida 33181
(b) Mailing address of limited liability company:	2442 Arch Creek Drive
(Note: MAY BE POST OFFICE BOX)	North Marti, Florida 33181
· · · · · · · · · · · · · · · · · · ·	
aum.	L12000018580
3. Date of filing/registration in Florida	. Document number
5. Date of ming/registration in Prorida	• Ducument number
5. (a) Registered Agent and Registered Office shown on the	
Registered Agent:	WINAM FORSECTS
Vograming Vigoriti	And Co.
Registered Office Address:	2415 Arch Creek Drive
•	North Miami, Florida 33181
	Dagiotared Office address:
(b) Enter name of NEW Registered Agent and/or NEV	Registered Office address:
were with the same of the same	(
NEW Registered Agent:	Howard L. Kuker, Esq.
NEW Registered Office Address:	9200 South Decision Boulovard, Sulta 508
(MUST BE FLORIDA STREET ADDRESS)	
	Miami ,FL 33156
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Ginger Hanson Printed or typed name of signoc	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the program I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	rree to act in this capacity. I further agree to per and complete performance of my duties, ition as regislered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Stenature of Registered Agent	
.	
Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314

FILING FEE: \$25.00

INH\$18 (05/08)