

L17000114466

(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:

Office Use Only



500301226625

07/14/17--01012--019 \*\*25.00

FILED  
17 JUL 14 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

JUL 17 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Empire Financial Firm 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:

Edgar E. Ajuria

Name of Person

Empire Financial Firm LLC

Firm/Company

3497 W. Vine St

Address

Kissimmee, FL 34741

City/State and Zip Code

support@empirefinancefirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edgar E. Ajuria

Name of Person

at ( 787 ) 562-9161

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 Financial Firm LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

3497 W. Vine St.

Kissimmee FL 34741

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

PO Box 702476

Saint Cloud, FL 34770

05/23/2017

L17000114466

3. Date of filing/registration in Florida

4. Document number

5. (a) Edgar E. Ajuria

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

902 Crestwood Ln

Altamonte Springs, FL 32701

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

3497 W. Vine St.

NEW Registered Office Address:

Kissimmee, FL 34741

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.

Edgar E. Ajuria  
Signature of a member or authorized representative of a member

Edgar E. Ajuria  
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.

Edgar E. Ajuria  
Signature of Registered Agent

FILED  
17 JUL 14 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA