118000101442

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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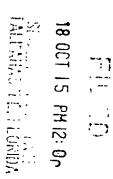
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Invest Empire, 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:	
Cynthice Petit Name of Person	
Firm/Company	
5168 NE 6th Ave. APT 405 Address	
City/State and Zip Code	
Cynthia@investempirellc.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at ()	
Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\times\$ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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.

10714	4.	
l. Na	ame of the limited liability company:	mpire, LLC
		•
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2598 E Sunnise Blud.	2598 E Sunnise Blvd.
	Ste 2104 Ft. Lauderdale, FL 33304	STE 2104 Ft. Landerdale, FL3
	4/23/18	L18000101442
	Date of filing/registration in Florida 4.	Document number
. (a)	_Cunthia Petit	
. (4)	Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS	
	1425 NE 56th St. APT 2	8 007 15
	Fort Lauderdale ,FL 33	834
	Cunthia Petit	Iress:
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office add	2:1
	titles have of NEW Registered Agent and/or NEW Registered Office add	iress:
	2598 E Sunmise Blvd.	7
	NEW Registered Office Address:	 _
	Ste 2104	
	Fort Lauderdale ,FL 33	2011
	1017 Lauderdale ,FL 30	<u>304 </u>
e cha gent w as/we	mited liability company is not organized under the laws of the right or changes are made, the Florida street address of the regis fill be identical. Or, in the case of a Florida limited liability corresponding to the limit of the limit of organization or the operating agreement of the limited limited in the limit of	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	Bota	
Signat	ure of member or authorized representative of a member	Printed or typed name of signee
ovisio e obli mere	y accept the appointment as registered agent and agree to act ons of all statutes relative to the proper and complete performa gations of my position as registered agent as provided for in C ly reflect a change in the registered office address, I hereby comprising of this change.	in this canacity. I further agree to comply with the
	of Pagistarah Apant	
IKITATUR	e of Registered Agent	

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