

118000176150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

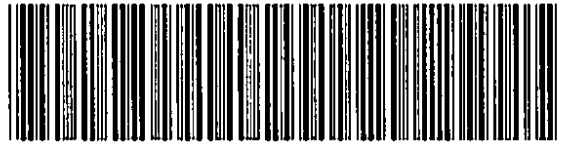
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500316608275

08/06/18--01014--019 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG -6 AM 9:10

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMPIRE Credit AND CAPITAL 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:

KELLY RICOTTA

Name of Person

EMPIRE Credit AND CAPITAL LLC

Firm/Company

2595 PARKVIEW DR

Address

NIAGARA FALLS NY 14305

City/State and Zip Code

KELLY 0731 @ YAHOO.COM

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

For further information concerning this matter, please call:

KELLY RICOTTA

Name of Person

at (716) 583-4977

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 CREDIT AND CAPITAL LLC

2. (a) 5410 HARBORAGE DR (b) 5410 HARBORAGE DR

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

FT MYERS FL 33908

FT MYERS FL 33908

3. July 23, 2018 4. L18000176150

Date of filing registration in Florida Document number

5. (a) LEGAL ZOOM UNITED STATES CORPORATION AGENT INC.

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

13302 WINDING OAK CT. UNIT A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____. FL

(b) KELLY RICOTTA

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

5410 HARBORAGE DR

NEW Registered Office Address:

FT. MYERS

FL 33908

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.

Kelly Ricotta

Signature of a member or authorized representative of a member

KELLY RICOTTA

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.

Kelly Ricotta

Signature of Registered Agent

FILED
18 AUG -6 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA