121000028667

(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:						

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2022 SEP 28 PH 4: 29

S. PRATH

COVER LETTER

TO: Registration Section Division of Corporations		•
Burke Empire, LLC SUBJECT:		
Nai	ne of Limited I.	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the	following:
Benjamin Rasmussen		
Name of Person		
Burke Empire, LLC		
Firm/Company		<u> </u>
4200 54th Ave N		
Address		<u> </u>
St Petersburg, FL 33714		
City/State and Zip Code		
cara.kelley@hirequestdirect.com	,	
E-mail address: (to be used for future and	nual report notif	fication)
For further information concerning this matter	r. please call:	
Cara Kelley	843 at (376-6075
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	g amount:	
■ \$25 Filing Fee		355 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.

·) _	3110 S Valley View Blvd, #205		(b)	4200 541	th Ave N
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Las Vegas, NV		_	St Peters	burg, FL
	89102		-	33714	
	1/12/2022		i.	.1210000	28667
	Date of filing/registration in Florida	4.	_		Document number
1)	Corporation Service Company				
	Registered Agent and Registered Office shown on the records of	f the Flor	ida I	Dept. of St	ate:
	112 North Curry Street				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
					7A. 20
	Carson City	89703			22 S
	, F	<u></u>			— : : : : : : : : : : : : : : : : : : :
)	Benjamin Rasmussen			28	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	<u>addı</u>	ress:	The second secon
	4200 54th Ave N				2022 SEP 28 PH 4: 29
	NEW Registered Office Address:				
	C. D	7171			_
	St Petersburg , F	L			_
ge Lw we	mited liability company is not organized under the later or changes are made, the Florida street address of the till be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members desor organization or the operating agreement of the	e regist iability of the l	ered com imit	l office a ipany, it ed liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided
2	enthum			min Rasr	•
	ure of a member or authorized representative of a member	_			Printed or typed name of signce

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

Signature of Registered Agent