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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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## LLC REGISTERED AGENT CHANGE **EMPRESAN LLC**

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K. SALY

APR 13 2022

## 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

rwn		5 A N I				
1. N	ame of the limited liability company: EMPRES	5AIN	LLC			
2. (a)	7901 4th St N STE 300		(b) 7901 4th St N STE 300			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	St. Petersburg, FL 33702	702 St. Pet		etersburg, FL 3	3702	
		_				
	01/20/21		L210	00039948		
3.	Date of filing/registration in Florida	4.	<del></del>	Document number	•	
5. (a	, FISHMAN, GREGORY R					
D, (4	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of St	tate:		
	2750 NE 185 STREET, SUITE 204					
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRE</u>	<u>(SS)</u>		283	
					F. 7	
	AVENTURA	331	80		2002 APR 12 SECRETARY TALLAHASS	
				<del></del>	PR 12	
(b)	Registered Agents Inc.				TO 3	
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office	address:		PH 3: 34 REEF LORID	
	7901 4th St N				RIO RIO	
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg, FI	_337	02			
the chagent was/v the ar	limited liability company is not organized under the lanange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the re iability of the l e limite	gistered off company, i limited liabi	ice and the business of the is hereby confirmed lity company or as of ompany.	office of the registered I that the change(s) therwise provided in	
•	nature of a member or authorized representative of a member	-		Printed or typed nam		
provi the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	e perjo ed for i	rmance of m n Chanter (i	iy auties, ana 1 am Ja 305. F.SOr. if this d	muuar wun ana accepi ocument is beine filed	

Signature of Registered Agent

Bill Havre

- Assistant Secretary