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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE **EMPIRE STUDIOS LLC**

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<. Brumbley

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.

I. Na	nne of the limited liability company: Empire S	Studi	os LLC			
2. (a)		(b)			
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST			
	7901 4th St N STE 300		7901 4	th St N STE 300	t	
	St. Petersburg FL	_	St. Peter	rsburg FL 33702		
	07/13/21		L2100	0319196		
3.	Date of filing/registration in Florida	 4.		Document number		
5. (a)	ZenBusiness Inc.					
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of State	- e:		
	336 E. College Ave.					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	-		
	Suite 301			_		
	Tallahassee	3230	1	<u>-</u>	202	
(b)	Northwest Registered Agent I	LC		÷.	2022 JUL 14	<u> 2</u>
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	- ; ·	<u>_</u>	声之間
	7901 4th St N			٠.	P	
	NEW Registered Office Address:			- -	8: 49	
	STE 300			_	6	
	St. PetersburgFI	3370	2	-		
the cha agent v was/we the act	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of the of organization or the operating agreement of the ture of a member authorized representative of a member.	the reg ability of of the lif limited	istered office company, it is mited liability	c and the business offic s hereby confirmed tha y company or as othery apany.	re of the at the cha wise pro	: registered ange(s)
I herei provisi the obl to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I bin writing of this change.	perform d for in	nance of my a Chapter 605	duties, and Lam famili 5. F.SOr. if this docur	ar with ment is l	and accept being filed

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

Tom Glover - Assistant Secretary

Signature of Registered Agent