## L23000161515

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Tilles Officer	
Special instructions to i	Filing Onicer:	
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1	1 100-1	
	MAMIL	

Office Use Only



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04.717.704--01.036--023 49.25.00



## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Divis	sion of Corporations				
SUBJECT:	Empire Skyline LLC  Name of Limited Liability Company				
SUBJECT					
Dear Sir or M	fadam:				
The enclosed	Registered Agent/Registered	d Office Change and	d fee(s) are submitted for filing.		
Please return	all correspondence concerning	ng this matter to the	e following:		
Quyen K	im Le				
	Name of Person		<del></del>		
Empire SI	kyline LLC				
	Firm/Company		— <u>—</u>		
P O Box 2	322				
	Address				
Vero Beac	ch, FL 32961-2322				
	City/State and Zip Co	ode	<del></del>		
LeLiLkim	17@aol.cdom				
E-mail	address: (to be used for futur	e annual report noti	fication)		
For further in	nformation concerning this m	atter, please call:			
Quyen Ki	m Le	772 at (	696-3957		
	Name of Person	*** \(	Area Code & Daytime Telephone Number		
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	osed is a check for the follo	wing amount:			
<b>■</b> \$2	25 Filing Fee	<b>-</b> :	\$55 Filing Fee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compa submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)		(b)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability co			
	2455 Compass Pointe Dr		P O Box 2322			
	Vero Beach, FL 32966		Vero Beach	, FL 32961-232	2	
	March 31, 2023		L2300016	1515		
3.	Date of filing/registration in Florida	4.	Do	ocument numbe	ег	
5. (a)	ZenBusiness Inc			7	<b>20</b>	
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida l	Dept. of State:		2024 APR	7
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	·		. 17	
	336 E College Ave, Suite 301			÷.	AH	(V)
	Tallahassee , I	32301		;	8: 25	
(b)	Quyen K Le			*E+	· · · · · · · · · · · · · · · · · · ·	
` '	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	ress:			
	NEW Registered Office Address:					
	2455 Compass Pointe Dr					
	Vero Beach	FL32966				
change agent v was/we	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registered liability con s of the limit ne limited lia	l office and the pany, it is he ted liability of	he business off ereby confirme company or as o	ice of the d that the	registered change(s)
Signa	ture of a member or authorized representative of a member		<u> </u>	rinted or typed nar	me of signe	2
I here provisi the obi	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to act i le performan led for in Cl I hereby con	n this canaci	tv. I further ac	ree to co	mnly with the

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

Signature of Registered Agent