Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC REGISTERED AGENT CHANGE ROMAEMPIRE, LLC

Certificate of Status	0
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K. SALY

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7/1/2024 11:23-52 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

## 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.

. Na	ame of the limited liability company:	MPIRE, LLC		
. (a)		(	b)	
. , .	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	ipany:		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	06/13/2023		L2300028	6382
•	Date of filing/registration in Florida			Document number
	INC AUTHORITY RA			Document Hamber
. (a)	Registered Agent and Registered Office shown on the r	records of the Floric	la Dept. of Sta	
	390 NORTH ORANGE AVE., STE 2300-N			
	Registered Office Address (MUST BE FLORIDA .			
	ORLANDO	, FL_32801		
(b)	REGISTERED AGENTS INC			- # 3: 52 - 3: 52 - 1.0allo
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	52		
	7901 4TH ST N			••
	NEW Registered Office Address:		<del></del>	_
	STE 300			_
	ST. PETERSBURG	, FL <sup>33702</sup>		
hange gent v /as/we ne arti	imited liability company is not organized under or changes are made, the Florida street addressible identical. Or, in the case of a Florida liere authorized by an affirmative vote of the molecles of organization or the operating agreement	ss of the register mited liability c conbers of the lin nt of the limited	red office ar ompany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	fure of a member or authorized representative of a memb	ner		Printed or typed name of signee
here rovisi ne obl o meri otifica	by accept the appointment as registered agent ions of all statutes relative to the proper and c ligations of my position as registered agent as ely reflect a change in the registered office add d in writing of this change.	and ovree to ac	t in this cap sance of my Chapter 60, confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	I'd Yarts David Roberts			
signatu	re of Registered Agent			