

M18000002150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

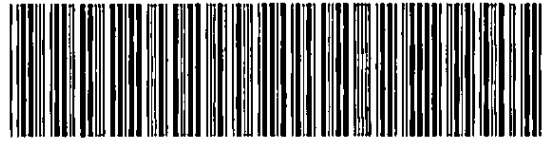
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Patton Compliance
Insurance licensing compliance.
It's what we do.



3122 Mahan Drive, Suite 801-250
Tallahassee, FL 32308
Phone: 850.755.0626
E-mail: taylor@pattoncompliance.com

October 15, 2020

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Empire Benefits Administrators, LLC
FEIN # 45 - 4674412
Statement of Change of Registered Agent for Foreign Limited Liability Company

To whom it may concern,

Enclosed, please find a completed Statement of Change of Registered Agent for Limited Liability Company submitted on behalf of the above referenced entity.

Empire Benefits Administrators, LLC, authorizes Patton Compliance to represent its company and to correspond with your department on its behalf. Please do not hesitate to contact me if you have questions or require additional information.

Sincerely,

Taylor Daniels

A handwritten signature in black ink that reads "Taylor Daniels".

Licensing Administrator

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empire Benefits Administrators, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taylor Daniels

Name of Person

Patton Compliance

Firm/Company

3122 Mahan Drive, Suite 801-250

Address

Tallahassee, FL 32308

City/State and Zip Code

taylor@pattoncompliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taylor Daniels at (850) 755-0626

Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 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.

1. Name of the limited liability company: Empire Benefits Administrators, LLC

2. (a) 571 MCDONALD AVE (b) 1754 55TH ST
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

BROOKLYN, NY 11218 BROOKLYN, NY 11204

3. 03/01/2018 4. M18000002150
 Date of filing/registration in Florida Document number

5. (a) PARACORP INCORPORATED
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 OFFICE PLAZA DR
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1ST FLOOR
Tallahassee, FL 32301

(b) Corporation Service Company
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street
NEW Registered Office Address:
Tallahassee, FL 32301

9999 OCT 20 AM 11:20

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Leo Weiss, Manager
 Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] BY: Corporation Service Company
 Signature of Registered Agent