Florida Department of State Division of Corporations Electronic filling Cover Sheet

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Division of Corporations
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Account Number : 110432003053
Phone : (561)694-8107
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Enterothe email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE EMPIRA GROUP LLC

Certificate of Status	0
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- 3 2023

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.	Na	me of the limited liability company: EMPIRA Group I	TC			
2. (2		200 S Biscayne Blvd., Suite 4650		(b)	200 S Biscayne Blvd., Suite 4650	
٤. (٠	•,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(υ,	Mailing address of limited li (Note: MAY BE POST O	
		MIAM1, FL 33131			MIAMI, FL 33131	
		~				
		11/05/2021			M21000015094	
3.		Date of filing/registration in Florida ASRA SERVICES, INC.	4.	-	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 201 S BISCAYNE BLVD STE 800				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		MIAMI , FI	33131	l		ζ.
n	5)	Corporate Creations Network Inc.				
(,	-,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		801 US Highway 1				•
		NEW Registered Office Address:				~ i 7
		North Palm Beach , FL	33408	3		
chan agen	ige ii v	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist shility of the l	tere cor limi	ed office and the business office of impany, it is hereby confirmed that nited liability company or as others	the registered the change(s)
		/S/Rafacl Arogger	_		Rafael Aregger Printed or typed name of s	imaa
I he province to me noting	rei isi obl ere fied	ture of a member or authorized representative of a member by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if in writing of this change. By: Ariana Turoski, Special Scoretary are of Argustered Agent	T-027102	PP 7 /	in this capacity. I further agree to	comply with the