

P03000100557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV - 3 AM 11: 20

Handwritten signature and date: 10/11/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Empire Business Associates, Inc
Name of Corporation

DOCUMENT NUMBER: P03000100557

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberta Caputo
Name of Contact Person

Empire Business Associates
Firm/Company

270 SW Natural Ave Suite E
Address

Deerfield Beach, FL 33441
City/State and Zip Code

Capitalbaw@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberta Caputo at (954) 596-8060
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2011

ROBERT CAPUTO
EMPIRE BUSINESS ASSOCIATES, INC.
270 SW NATURA AVENUE - STE. E
DEERFIELD BEACH, FL 33441

SUBJECT: EMPIRE BUSINESS ASSOCIATES, INC.
Ref. Number: P03000100557

We have received your document for EMPIRE BUSINESS ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

YOU FAILED TO LIST THE NEW REGISTERED AGENT INFORMATION IN PART 6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 611A00024181

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11 NOV -3 AM 11: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 607.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Empire Business Associates, INC
2. The principal office address: 270 SW Natura Ave, Suite E Deerfield Beach, FL 33441
3. The mailing address (if different): 270 SW Natura Ave, Suite E Deerfield Beach, FL 33441
4. Date of incorporation/qualification: 12.17.2003 Document number: P03000100557
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Roberto Caputo / Empire Business Associates, INC
450 SW 12th Ave
Deerfield Beach, FL 33442

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Roberto Caputo / Empire Business Associates, INC
270 SW Natura Ave suite E
Deerfield Beach, FL 33441
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director (handwritten signature)

Printed or typed name and title (Roberto Caputo)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent (handwritten signature)

Date (10.18.2011)

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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DIVISION OF CORPORATIONS
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