100010055

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700238034097

08/03/12--01805--002 **35.00

COVER LÉTTER

TO: Amendment Section Division of Corporations		
SUBJECT: EMPIRE Business Associates INC Name of Corporation		
DOCUMENT NUMBER: PO 3000 100 657		
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		
244 SW 12th Ave Address		
Devrheld Beach, FL 33442_ City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Condy to Townson at (950) 5910-80100 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

August 6, 2012

ROBERTA CAPUTO EMPIRE BUSINESS ASSOCIATES, INC. 244 SW 12TH AVE DEERFIELD BEACH, FL 33442

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 of the form.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 112A00020329

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of 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
2. The principal office address: 244 SW 12-th Are Deerfield Beach PL, 33442
3. The mailing address (if different):
4. Date of incorporation/qualification: 9.12.2003 Document number: P03000160557
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)
Roberts Caputo
270 SW Natura AVE Suites
Deerfield Beach, FL 33441
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Loberts Capito 244 SW 12th Ave 23
Loberts Caprito
244 SW 12th Ave
F.O. Box NO1 acceptante
Darfield Beach, PL 33442
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.
Total Treat
Signature of an officer or director Printed or typed name and title
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.
Falus (131 2012) Signature of Registered Ngent 7 31 2012
If signing on behalf of an entity: Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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