## P170000 94013

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## **COVER LETTER**

Amendment Section TO: Division of Corporations SUBJECT: EMP Advisory change of registered agent Name of Corporation P17000094013 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: Paige V. Kreegel

Name of Contact Person **EMP Advisory** 3821-B TAMIAMI TRAIL #321 Address PORT CHARLOTTE, FL 33952 City/State and Zip Code kreegel@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (941 8150912 Area Code & Daytime Telephone Number Paige Kreegel Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Street Address:** Mailing Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

statement of cha	unge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State o registered agent, or both, in the State o	of Florida
1. The name of t	the corporation: EMP Advisory	Corp	
ine principal	office address: 3821 B TAMIA	MI TRAIL 321, Port Charlott	te, FL33952
	<del></del>		_
3. The mailing a	iddress (if different):		
4. Date of incoη	poration/qualification: 11/27/20	17 Document number: P170	000094013
	I street address of the current registe timent of State: (If resigned, enter re	ered agent and registered office on file esigned)	with the
	Andreas Sommer (resign	ed)	_
	3821-B TAMIAMI TRAIL	#321	
	PORT CHARLOTTE, FL	33952	
Hie name and	I street address of the new registered	I agent (if changed) and /or registered	
	Paige Kreegel		
	3821-B TAMIAMI TRAIL	#321	
	PORT CHARLOTTE, FL	NOT acceptable	
			_
The street addre as changed will	ess of its registered office and the state be identical.	treet address of the business office of	its registered agent.
Such change wa authorized by th	as authorized by resolution duly add ae board, or the corporation has bee	opted by its board of directors or by a in notified in writing of the change.	n officer so Emplaye
	Try mus	Andreas Sommer, former re	egistered agent
I hereby accept I harther agree to standance of wear Or if the	to comply with the provisions of all my duties, and I am familiar with a		omplete on as registered
Sign	nature of Registred Agent	03/14/2019  Date	
	half of an entity:		
Ty	ped 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 \* \* \*