P19000 055 364

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Outo Zips Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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R. WHITE
JAN 11 2020

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: 3MPIRE, INC.	
Name of Corporation	
DOCUMENT NUMBER: P19000055364	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mate	ter to the following:
Samantha Jackson	
Name of Contact Person	
Meriam Corporate Services, Inc.	
Firm/Company	
PO Box 52588	
Address	
Mesa AZ 85208	
City/State and Zip Code	
meriamfinancial@gmail.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	e call:
Samantha Jackson	at (720) 318.8456 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
rananassee, i L 32314	Tallahassee, FL 32301

CR2E045 (04/13)

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute nge is submitted for a corporation organized under the laws of the State of <u>Florida</u> to change its registered office or registered agent, or both, in the State of Florida	orida	_
1. The name of the	he corporation:3mpire, Inc.		
2. The principal	office address: 233 East Bay St, Blackstone Bldg, Unit L03 Jacksonville FL 32202		
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 07/03/19 Document number: P19000055364		
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	•	
	Withler Marcelin		
	66 W FLAGLER ST STE 502	36195	
	MIAMI, FL 33130	(TD)	٠.
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	-2 PHI2:	
	Withler Marcelin	ാ	•
	233 East Bay St, Blackstone Bldg, Unit L03	0	
	P.O. Box NOT acceptable Jacksonville FL 32202		
The street addre	ss of its registered office and the street address of the business office of its regi be identical.	stered as	gent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an office e board, or the corporation has been notified in writing of the change.	er so	
Wohl	Withler Marcelin		
I hereby accept I further agree t of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered agency filed merely to reflect a change in the registered office address, I hereby conbeen notified in writing of this change.	perforn nt. Or i ifirm tha	iance if this it the
With M	July 11/25/2019		
Sign	ature of Registered Agent Date		
If signing on bel	nalf of an entity:		
Ту	ped 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
CR2E045 (04/13)