## P99000080633

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	· 	
(Cit	y/State/Zip/Phone	∍#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	
<u> </u>	-	

Office Use Only



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CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT:	KATIE WO	<u>ONSCH</u>			
DATE:	10/24/03				
REF.#:	0150.20617				
CORP. NAME:	EMPIRE IN	VESTMENT ADVISORS, INC.			
( ) ARTICLES OF INC	ORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION		
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME		
( ) FOREIGN QUALIF	ICATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY		
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL		
( ) CERTIFICATE OF	CANCELLATION	i			
(XX ) OTHER: CHAN	GE OF AGENT				
		ITH CHECK# <u>004759</u> FOR \$ <u>3</u> CCOUNT IF TO BE DEBITE			
COST LIMIT: \$					
PLEASE RETU	RN:				
( ) CERTIFIED COP	Y ()C	ERTIFICATE OF GOOD STANDING	( XX ) PLAIN STAMPED COPY		
( ) CERTIFICATE O	F STATUS				
$(\mathcal{O}_{i,j})$					
Examiner's Initial	s				

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	this stat	ement o	rf -
change is submitted for a corporation organized under the laws of the State of Florida			_ in order	
to change its re	gistered office or registered agent, or both, in the State of Florida.			
1. The name of	the corporation: Empire Investment Advisors, Inc.	<u> </u>		
2. The principal	l office address: 1385 West State Road 434, Longwood, FL 32750	<u></u>		<u></u>
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification: 09/10/1999 Document number: P99000080633			<u>-</u>
	d street address of the current registered agent and registered office on file with the atment of State:			
	Richard L. Goble	<u></u>		
	1385 West State Road 434	17 V	03	
	Longwood, FL 32750		OCT 2	
6. The name an (if changed):			t P¥	ED
	Kevin M. Gagne	- <u>ê</u>	<u>~</u>	
	1385 West State Road 434	<del></del> .	·	
	(P.O. Box or personal mailbox NOT acceptable)			
	Longwood, FL 32750	_		
The street addruchanged will be	ess of its registered office and the street address of the business office of its registe e identical.	ered age	nt, as	
Such change w the board, or th	as authorized by resolution duly adopted by its board of directors or by an officer proporation has been notified in writing of the change.	so autho	rized b	y
	Kevin M. Gagne, President  (Printed or typed name and			_
I hereby accept I further agree duties, and I an being filed mer	Signature of an officed or director)  If the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete pe in familiar with and accept the obligation of my position as registered agent. Or, i ely to reflect a change in the registered office address, I hereby confirm that the confirming of this change.	,	nce of n cument on has	ny is
	October 17, 2003	, ,		
	(Signature of Registered Agent) (Date)			_
If signing on be	chalf of an entity:			
	CAN A. GAGNE			
_	(Canacital			

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