

T17000000215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

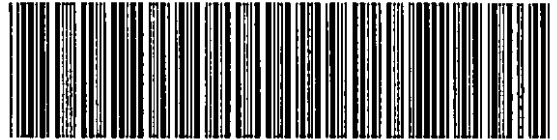
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K. SALY

MAR 17 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EMPIRE TITLE SERVICES

(Name of Mark)

The enclosed Certificate of Change of Name of the Registrant or Applicant of a Florida Trademark and/or Service Mark Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LOREN ESPOSITO, ESQ.

(Contact Person)

EMPIRE TITLE SERVICES

(Firm/Company)

3440 HOLLYWOOD BLVD., STE. 415

(Address)

HOLLYWOOD, FL 33021

(City, State and Zip Code)

For further information concerning this matter, please call:

LOREN ESPOSITO

at (772) 242-9898

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | |
|--|--|
| <input checked="" type="checkbox"/> \$50 Filing Fee and Certificate of Registration (Free of Charge) | <input type="checkbox"/> \$102.50 Filing Fee, Certified Copy, and Certificate of Registration (Free of Charge) |
|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

*Received
2/23/2022
KS*

**CERTIFICATE OF CHANGE OF NAME
OF THE REGISTRANT OR APPLICANT OF A
FLORIDA TRADEMARK AND/OR SERVICE MARK REGISTRATION**

Pursuant to s. 495.081(3), Florida Statutes, the undersigned hereby submits this certificate to change the name of the registrant or applicant of the following Florida trademark and/or service mark registration:

1. Name of Mark: EMPIRE TITLE SERVICES

2. Registration Number: T17000000215

3. Date of Registration: 2/28/2017

4. a. Name of owner as it appears on the trademark/service mark registration:
EMPIRE TITLE SERVICES, INC.

b. Address of owner as it appears on the trademark/service mark registration:
20801 BISCAYNE BLVD., STE. 300
AVENTURA, FL 33180

5. a. New name of owner:
EMPIRE TITLE SERVICES, LLC

b. New mailing address, if applicable:
3440 HOLLYWOOD BLVD., STE. 415
HOLLYWOOD, FL 33021

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TALLAHASSEE, FL 32301

SIGNATURE:

Owner's Signature: _____

Typed/Printed Name of Person Signing: Cynthia Cohen

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

On this 23RD day of FEBRUARY, 2022

CYNTHIA COHEN

(Enter Name of Person Signing Above)

Personally appeared before me, ☒ who is personally known to me or ☐ whose identity I
proved on the basis of _____

(Seal)



Milagros Martinez
Comm.: HH 184364
Expires: Oct. 10, 2025
Notary Public - State of Florida

Milagros Martinez
Notary Public's Signature

Milagros Martinez
Notary Public's Printed Name

My Commission Expires: 10/10/2025

(Attach additional sheet if necessary)

Filing fee:	\$50.00
Certificate of Registration:	Issued Free of Charge
Certified Copy (optional):	\$52.50

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CLERK OF DISTRICT COURT
MIAMI-DADE COUNTY, FLORIDA