## F200000001118

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SECRETARY OF STATE

JQ10/13/20

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Empire of America Corporation	
Name of Corporation	
DOCUMENT NUMBER: F20000002778	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Michael Crouse	
Name of Contact Person	<del></del>
AM Licensing	
Firm/Company	
805 Country Club Dr	
Address	
Heath, TX 75032	
City/State and Zip Code	<del></del>
mcrouse@amlicensing.com	
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter, p	please call:
Michael Crouse	at (469 )688-8441  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Si a organized under the laws of the State of $ extstyle C$	alifornia	iis 	_
	1,7	registered agent, or both, in the State of Fl	orida.		
1. The name of	he corporation: Empire of America	a Corporation			
2. The principal Woodland Hills.	office address: 5225 Oakdale Ave.,	Suite 150			<u> </u>
3. The mailing a	ddress (if different):				
4. Date of incor	poration/qualification: 06/22/2020	Document number: F2000000:	2778		
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file wit resigned)	h the		
	Alexander James Marrazzo		<u> 52</u>	20	
	1210 Jackson Rd		77.25	2020 SEP - I	~-[-]
	Clearwater, FL 33755		0H2		2410
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered offi	SSEE, F	PM 3: 1	
	Alexander James Marrazzo		Z E	7	
	501 Mariva Ave				
	Clearwater FL 33755	P.O. Box NOT acceptable			
The street addre	ess of its registered office and the be identical.	street address of the business office of its	register	ed age	nt.
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an open notified in writing of the change.	officer so	ŀ	
_	Dron	David Alan Jones			
Signaty		Printed or typed name and title	c		_
I furthér agrée : of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	ent and agree to act in this capacity, all statutes relative to the proper and com- he obligation of my position as registered to in the registered office address, I hereby hange.	plete per agent. ( v confirn	forma Or, if i i thát :	nce this the
/	1 Ano	08/28/2020			
(Sig	hature of Registered Agent	Date			_
If signing on be	half of an entity:				
Alexander James		_			
71	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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