P03000146398

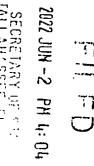
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
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COVER LETTER

4- - - -

	Amendment Section Division of Corporations	
SUBJE0 Name of	CT: First Empire Holdings, Inc.	
	MENT NUMBER: P03000146398	
The enc	losed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please n	eturn all correspondence concerning this	s matter to the following:
David Ja	cobson	
Name of	f Contact Person	
First Em	pire Holdings, Inc.	
Firm/Co	mpany	
PO Box	18404	
Address		
Tampa, l	FL 33679	
City/Sta	te and Zip Code	
	djacobson53@gmail.com	
E-mail	address: (to be used for future annua	l report notification)
For furtl	her information concerning this matter,	please call:
David Ja	cobson	at (813)731-1653
	Name of Contact Person	at (813)731-1653 Area Code & Daytime Telephone Number
Enclose	d is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	rammaooce, FL 52517	Tallahassee, FL 32303

CR2E045 (04-13)

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

statement of change is sub	mitted for a corporation or	0502, 607,1508, or 617,1508, Florida Statutes, this gamized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	_	
1. The name of the corpora	stion. First Empire Holdings	Inc.		
2. The principal office add	ress: 3825 Henderson Blvd.	Sune 100		
	Tampa, Ft. 33629			
3. The mailing address (if o	different): PO Box 18404, T	Fampa, FL 33679		
4. Date of incorporation/qu	ialification: 12/4/2013	Document number: P03000146398		
5. The name and street add		ed agent and registered office on file with the		
S & S Lan	nd Services, Inc.			
308 E Dr. Martin Luther King Blvd #D				
Tampa, FL 33603				
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):				
Jacord Lir	nited Partnership		9097 NIN -2	
3825 Heno	derson Blvd #100		70 74	
). Box NOT acceptable	₽Ħ ५: 0५	
Tampa, FI	1, 33629		40	
The street address of its reas changed will be identic	egistered office and the strail.	reet address of the business office of its registered age	nt,	
Such change was authorized by the board, o	ed by resolution duly ado or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.		
7/	•	David Jacobson for Law Group Holdings LLC		
Signature of an office		Printed or typed name and title	_	
I further agree to comply of my duties, and I am fan	with the provisions of all , niliar with and accept the erely to reflect a change i	t and agree to act in this capacity. statutes relative to the proper and complete performa obligation of my position as registered agent. Or, if t n the registered office address, I hereby confirm that t nge.	nce his the	
meh k h h		05/26/2022		
Meh & felle Spindhure of Regi		Dute	,	
If signing on behalf of an	entity:			
Melvin S. Jacobson				
Typed or Printe	al Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE