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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
 Account Number : 120180000011
 Phone : (844)386-0178
 Fax Number : (214)317-4754

2020 MAR 27 AM 10:01

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LLC REGISTERED AGENT CHANGE
WWEX FRANCHISE HOLDINGS, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: WWEX FRANCHISE HOLDINGS, LLC

2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 2323 Victory Avenue Ste. 1600 Dallas, TX 75219 (b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) 2323 Victory Avenue Ste. 1600 Dallas, TX 75219

3. Date of filing/registration in Florida 03/11/2016 4. Document number M16000002086

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State C T CORPORATION SYSTEM

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

LEGALINC CORPORATE SERVICES INC. NEW Registered Office Address 5237 SUMMERLIN COMMONS BLVD, SUITE 400 FORT MYERS, FL 33907

2020 MAR 27 AM 10:01

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Richard Kolman

Richard Kolman

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Nancy Luna

Signature of Registered Agent

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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00