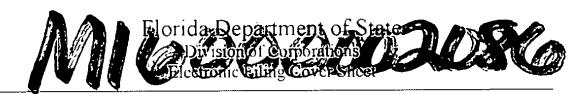
To: 185061:0383 From: 14693173436 Date: 03/27/20 Time: 10:22 AM Page: 01/02



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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|                |  | - 5                 |
|----------------|--|---------------------|
| То:            | Division of Corporations   |                     |
|                | Fax Number : (850)617-6383   | •                   |
|                |  | ,                   |
| From:          | Account Name : LEGALINC CORPORATE SERVICES INC.  | •                   |
|                | Account Number : I20180000011  |                     |
|                | Phone : (844)386-0178  | <u>ب. ک</u>         |
|                | Fax Number ; (214)317-4754   | :-                  |
| ••Enter<br>and | the email address for this business entity to be used<br>nual report mailings. Enter only one email address plea | for futur<br>ise.** |
| Em.            | ail Address:   |                     |

## WWEX FRANCHISE HOLDINGS, LLC

|              | Certificate of Status               | 0       |  |
|--------------|-------------------------------------|---------|--|
|              | Certified Copy                      | 0       |  |
| ~ ·          | Page Count                          | 01      |  |
| 8            | Estimated Charge                    | \$25.00 |  |
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Help

To: 18506176383 From: 14693173436 Date: 03/27/20 Time: 10:22 AM Page: 02/02

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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. N                      | ame of the limited liability company: WWEX FRANC   | CHISE HO  | LDINGS, LI  | LC  | ·  |  |
|---------------------------|--|---|---|---|--|--|
| 2. (a)                    |  | (1  | b)  |   |  |  |
|                           | Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)  |   |   | Mailing address of limited habili<br>(Note: MAYBE POST OFF)   |  |  |
|                           | 2323 Victory Avenue Ste, 1600  |   | 2323 Viete  | ny Avenne Ste. 1600   |  |  |
|                           | Dallas, TX 75219 Dallas, T   |   |   | X 75219   |  |  |
|                           | 03/11/2016   |   | M16000003   | 2086  |  |  |
| 3.                        | Date of filing/registration in Florida   | 4.  |   | Document number   |  |  |
| 5. (a)                    | ·  |   |   | _   |  |  |
|                           | Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM   | of the Florid   | a Dept of Stat  | le  |  |  |
|                           | Registered Office Address (MUST BE FLORIDA STREET  | 20  |   |   |  |  |
|                           | 1200 SOUTH PINE ISLAND ROAD  |   |   | 2020 MAR  |  |  |
|                           | PLANTATION   | FL_33324  |   | AR 27   |  |  |
|                           |  |   |   | 2   | ::   |  |
| (b)                       | Enter name of NEW Registered Agent and/or NEW Register   | ed Office a   | ddress  | AH 10: 01   | Augus<br>Augus   |  |
|                           |  |   |   | :<br>: <u></u> : <u></u> : <u></u> : <u></u> : <u></u> :  |  |  |
|                           | LEGALING CORPORATE SERVICES INC.   |   |   | <del>_</del> <del>_</del>   |  |  |
|                           | NEW Registered Office Address  |   |   |   |  |  |
|                           | 5237 SUMMERLIN COMMONS BLVD, SUITE 400   |   |   | <del></del>   |  |  |
|                           | FORT MYERS , 1   | 33907<br>FL   |   | _   |  |  |
| chang<br>agent<br>was/v   | limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the Richard Kolman | laws of the<br>he register<br>liability c<br>s of the lin<br>he limited | red office ar<br>ompany, it i<br>nited liabili              | is hereby confirmed that the company or as otherwise impany.  | e change(s)  |  |
| Sign                      | ature of a member or authorized representative of a member   |   | -   | Printed or typed name of sign   | ce   |  |
| provi<br>the old<br>to me | eby accept the appointment as registered agent and a<br>sions of all statutes relative to the proper and comple<br>obligations of my position as registered agent as provided<br>rely reflect a change in the registered office address,<br>and in writing of this change.                           | gree to ac<br>te perforn<br>ded for in<br>I hereby c                    | et in this cap<br>nance of my<br>Chapter 60<br>confirm that | pacity. I further agree to co<br>eduties, and I am familiar v<br>15, F.S. Or, if this document<br>the limited liability compa | omply with the<br>with and accep<br>it is being filed<br>my has been |  |
| Signa                     | ture of Registered gent  |   |   | (((H200000945   | 520 3)))   |  |
|                           | Division of Corporations • P.C   | ). Box 63:  | 27• Tallaha   | assee, FL 32314   |  |  |

FILING FEE: \$25.00