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To:

Division of Corporations

Fax Number

: (850)205-0380

Prom:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000013

(850) 222-1092

Phone Fax Number

(850) 222-9428

REGISTERED AGENT CHANGE

WAL-MART.COM USA, LLC

Certificate of Status	0
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Garrena Pillia

Public Agency Vale

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3 m - *

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

Pursuant to the provisions of sections 608.416 or 608 liability company submits the following statement in or agent, or both, in the State of Florida.	1.508, Florida Statutes, the undersigned limited der to change its registered office or registered	
1. The name of the limited liability company is: Wal-Mi	ut,com USA, LLC	
2. The mailing address of the limited liability company	is:	
702 S.W. 8th Street, Bentonville, AR 72716-0555	The state of the s	
NA 14 0000	M02000002710	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered of Florida Department of State:	fice address as shown on the records of the	
Corporation Service Company		
Name		
1201 Hays Street Address	5	
Tallahassee, FL 32301	•	
City, State at	id Zip	
6. The name and address of the new registered agent and	Vor office:	
C T Corporation System		
Name		
1200 South Pine Island Road		
Florida street address (P.O. Box NOT acceptable)		
Plantation FL 33		
City, State and Zip		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	Florida street address of the registered office contical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative state of wise provided in the articles of organization of the case of the	
(Signature of a member of sumorized representative of a momber)	- A ROT	
J. L. Miles-Author/zed Signer Arthred or typed name of signer)	<u> </u>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comple CT Corporation System (Signature of Registered Agent) [Signature of Registered Agent) [Signature of Registered Agent) [Signature of Registered Agent)	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.	
(Signalure of Registered Agent) M. 5. Green-Asst. Se Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

Plais without Tamme Cultis

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