Current Mai	iling Address:			
1 KITTY LN	-			
MARLBORC	), NY 12542 US			
FEI Number	r: 46-5330724		Certificate of Status De	sired: No
Name and A	Address of Current Registered Agent	:		
1549 NE 123RI	- & MANAGEMENT INC D ST , FL 33161 US			
The above name	d entity submits this statement for the purpose of chang	ing its registered office or regis	tered agent, or both, in the State of F	lorida.
	d entity submits this statement for the purpose of chang E: MOSES NAE	ing its registered office or regis	tered agent, or both, in the State of F	ilorida. 01/29/202
		ing its registered office or regis	tered agent, or both, in the State of F	
SIGNATURE	E: MOSES NAE	ing its registered office or regis	tered agent, or both, in the State of F	01/29/202
SIGNATURE Authorized	E: MOSES NAE Electronic Signature of Registered Agent	ing its registered office or regis	tered agent, or both, in the State of F	01/29/202
SIGNATURE Authorized	E: MOSES NAE Electronic Signature of Registered Agent Person(s) Detail :			01/29/202
SIGNATURE <b>Authorized</b> <sup>Title</sup> Name	E: MOSES NAE Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	01/29/202
SIGNATURE	E: MOSES NAE Electronic Signature of Registered Agent Person(s) Detail : MGR RECABARREN PAVEZ, CARLOS F 18 KRISTY DR	Title Name Address	MGR BARRA PEREZ, RAMON A	01/29/202
SIGNATURE Authorized Title Name Address	E: MOSES NAE Electronic Signature of Registered Agent Person(s) Detail : MGR RECABARREN PAVEZ, CARLOS F 18 KRISTY DR	Title Name Address	MGR BARRA PEREZ, RAMON A 18 KRISTY DR	01/29/202
SIGNATURE Authorized Title Name Address City-State-Zip:	E: MOSES NAE Electronic Signature of Registered Agent Person(s) Detail : MGR RECABARREN PAVEZ, CARLOS F 18 KRISTY DR BEACON NY 12508	Title Name Address	MGR BARRA PEREZ, RAMON A 18 KRISTY DR	01/29/202
SIGNATURE Authorized Title Name Address City-State-Zip: Title	E: MOSES NAE Electronic Signature of Registered Agent Person(s) Detail : MGR RECABARREN PAVEZ, CARLOS F 18 KRISTY DR BEACON NY 12508 MGR	Title Name Address	MGR BARRA PEREZ, RAMON A 18 KRISTY DR	01/29/202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROLDAN, MARIA E

MANAGER

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L14000056019

Entity Name: DEALER INDUSTRIAL LLC

## **Current Principal Place of Business:**

200 S BISCAYNE BLVD. SUITE 2790

FILED Jan 29, 2021 **Secretary of State** 6870093031CC

Date