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: PAUL WALLACE

Electronic Signature of Signing Authorized Person(s) Detail

# FEI Number: 83-2082706

### Name and Address of Current Registered Agent:

Entity Name: WALLACE INTERNATIONAL LLC

**Current Principal Place of Business:** 

WALLACE, PAUL 203 AMBERSWEET WAY DAVENPORT, FL 33897 US

203 AMBERSWEET WAY DAVENPORT, FL 33897

Current Mailing Address: 203 AMBERSWEET WAY DAVENPORT. FL 33897 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE:

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title	PRESIDENT	Title	DIRECTOR
Name	WALLACE, PAUL JOHN	Name	WALLACE, RICHARD
Address	203 AMBERSWEET WAY	Address	203 AMBERSWEET WAY
City-State-Zip:	DAVENPORT FL 33897	City-State-Zip:	DAVENPORT FL 33897
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR WALLACE , CHARLOTTE OLIVIA ELSA	Title Name	DIRECTOR WALLACE , MICHELLE
Name	WALLACE, CHARLOTTE OLIVIA ELSA		
		Name	WALLACE , MICHELLE

PAUL WALLACE PRESIDENT

FILED Aug 15, 2023 Secretary of State 8441345234CC

Date

Date