Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000142230 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone Fax Number

: (702)866-2500 : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please (**

REGISTERED AGENT CHANGE WHEELS LABS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

11216001422303

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Wheels Labs, Inc.
Name of Corporation

DOCUMENT NUMBER: F19000004813

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jackie DeFilippis
Name of Contact Person
InCorp Services, Inc.
Firm/Company
3773 Howard Hughes Pkwy. · Suite 500S
Address
Las Vegas, NV 89169-6014
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

documents@incorp.com

For further information concerning this matter, please call:

Jackie DeFilippis on behalf of InCorp Services, Inc.

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

\$H2000142230\$ statement of change of registered office or registered agent or both for corporations

statement of cl	e provisions of sections 607.0302, 617.0 hange is submitted for a corporation org der to change its registered office or reg	anized under the laws of the State	of DE
1. The name o	f the corporation: Wheels Labs, Inc.		
	al office address: 8149 Santa Monica	Blvd. #297	
	West Hollywood, C.	A 90046	<u> </u>
3. The mailing	g address (if different):		
4. Date of inco	prporation/qualification: 10/15/201	Document number:	F19000004813
	nd street address of the current registered partment of State: (If resigned, enter resigned,		e with the
	C T CORPORATION SYSTEM		
	1200 South Pine Island Road	~	
	Plantation, FL 33324		
6. The name a (if changed)	nd street address of the new registered a): InCorp Services, Inc.	gent (if changed) and /or registered	d office
	17888 67th Court North		
		Bux NOT acceptable	
	Loxahatchee, FL 33470		· 1
_	tress of its registered office and the stre ill be identical. was authorized by resolution duly adop		
authorized by	was authorized by resolution duly adop the board, or the corporation has been	notified in writing of the change.	·
1 Ju	u My Column	Bruce McAllister, Secreta	<u></u>
I hereby accept further agree of my duties, a document is b	pt the appointment as registered agent e to comply with the provisions of all st and I am familiar with and accept the d eing filed merely to reflect a change in as been notified in writing of this chan	Amited or typed name and agree to act in this capacity. Intuites relative to the proper and bligation of my position as regis the registered office address, I h	
	pagama	April 6, 20)21
, s	ignature of Registered Agent	Date	
If signing on t	behalf of an entity:		
Isabel Burgos	on behalf of InCorp Services, Inc.		
	Typed or Printed Name		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)