12/20/2018

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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number : (307)200-2803 : (855)330-1010

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LLC REGISTERED AGENT CHANGE WINGMAN BROKERS LLC

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S. PRATHER

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.

t. Na	me of the limited liability company: Wingman	Brokers	LLC	
	19304 SW 66 ST	(b) 19304 SW 66 ST		
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("/	Mailing address of limited lia (Note: MAYBE POST O	
	PEMBROKE PINES, FL 33332	PEMB	ROKE PINES, FL 333	332
	11/22/2013	L1300	0164188	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	LEGALINC CORPORATE SERVICES, INC.			
ر (۱۱)	Registered Agent and Registered Office shown on the records of t	the Florida Dept of S	tate:	
	5237 SUMMERLIN COMMONS			20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		— [2]	8
	SUITE 400			F 1. 2018 DEC 20
	FORT MYERS FI	33907		
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	Office address.		
	7901 4th St N		<u> </u>	
	NEW Registered Office Address.			
	STE 300			
	St. Petersburg	33702		
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members coles of organization or the operating agreement of the	the registered of ability company, of the limited liab	fice and the business office it is hereby confirmed that ility company or as otherw	e of the registered t the change(s)
	Rilling Park.	Riley Park	No. of a second	·
I here provisi the obline to mere natified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I impriting of this change. Bill Havre -Preside re of Registered Agent	performance of a d for in Chapter (hereby confirm th	Printed or typed name of si capacity. I further agree to my duties, and I am familia 505, F.S. Or, if this docum tat the limited liability con	- o comply with the