

L18000085290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SAIV  
OCT -3 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**WHOLESALE-XPRESS LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**RODRIGUEZ, MANUEL**

\_\_\_\_\_  
Name of Person

**WHOLESALE-XPRESS LLC**

\_\_\_\_\_  
Firm/Company

**11824 Crockett Crt**

\_\_\_\_\_  
Address

**Orlando FL, 32824**

\_\_\_\_\_  
City/State and Zip Code

**manuel.r@gebhardcs.com**

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

For further information concerning this matter, please call:

**Manuel Rodriguez**

**407**

**536-6836**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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.

WHOLESALE-XPRESS LLC

1. Name of the limited liability company. \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

630 THORPE RD

Orlando, FL 32824

04/04/2018

L18000085290

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
GUEVARA, FRANK

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2380 WHISPERING MAPLE DR

Orlando, FL 32837

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

GUEVARA, FREDDY

NEW Registered Office Address:

2380 WHISPERING MAPLE DR

ORLANDO, FL 32837

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

\_\_\_\_\_  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
18 SEP 28 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

630 THORPE RD

Orlando, FL 32824

04/04/2018

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2380 WHISPERING MAPLE DR

Orlando 32837  
\_\_\_\_\_, FL \_\_\_\_\_

(b) \_\_\_\_\_  
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GUEVARA, FREDDY

NEW Registered Office Address:

2380 WHISPERING MAPLE DR

ORLANDO 32837  
\_\_\_\_\_, FL \_\_\_\_\_

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\_\_\_\_\_  
Signature of a member or authorized representative of a member

Manuel Rodriguez  
Printed or typed name of signee

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\_\_\_\_\_  
Signature of Registered Agent

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FILING FEE: \$25.00