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.

(((H180003189643)))



Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081	NON 8
From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081	丟
Account Name : REGISTERED AGENTS INC.	
Account Number : I2009000081	Z
	70
	٠.
Phone : (307) 200 - 2803	-
Fax Number : (855)330-1010	<u> </u>
براسم المسابق ا	

LLC REGISTERED AGENT CHANGE **WOLVERINE MARKETING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



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.

1. Na	ame of the limited liability company: Wolverir	ne Mark	eting	g, LLC	
2. (a)	640 EAST NEW HAVEN AVENUE	_(b) 6	(b) 640 EAST NEW HAVEN AVENUE		
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	962	90	62		
	MELBOURNE, FL 32901	<u>M</u>	ELBO	URNE, FL 32901	
	04/26/2018	L1	8000	105044	
3.	Date of filing/registration in Florida	4.	· · · · ·	Document number	
5. (a)					
2. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dep	of Stat	e:	
	640 EAST NEW HAVEN AVENUE				
	Registered Office Address	"ADDRESS)			
	962			16	
	MELBOURNE F	_L 32901		T S	
(b)	Registered Agents Inc.			5 F	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	<u>v</u> :		
	3030 N. Rocky Point Dr.			ED FLORID	
	NEW Registered Office Address.			Ä	
	STE 150A			_	
	Tampa	L33607			
the cha agent v was/w the arti	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of a member or authorized representative of a member	aws of the Sta of the registere liability comp of the limited	ed offic any, it i I liabili ility cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.	
		. •		Printed or typed name of signee	
provisi the obt to mer no <u>titi</u> es	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided of reflect a change in the registered office address, and in writing of this change. Bill Havre -Preside	e performanc led for in Cha I hereby confi	<i>(1 1</i> 11 11 11 11 11 11 11 11 11 11 11 11	annes ana cam minunar with ana accept	
Signatu	rre of Registered Agent				