Florida Department of State Division of Comporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

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

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

Email	Address:	

LLC REGISTERED AGENT CHANGE **D32 WHOLESALE LLC**

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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.

	ame of the limited liability company:					
2. (a)		(b)			
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	09/19/18		L180002227	26		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	D32 Invest LLC					
J. (47)	Registered Agent and Registered Office shown on the records of to 7988 Via Dellagio Way			::		
	Registered Office Address (MUST BE FLORIDA STREET A Suite 206	WDKE33	ž			
		32819			2023 JUN 1	
(b)	Registered Agents Inc	-				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:		P	*
	7901 4th St N				<u>ن</u> ئ	
	NEW Registered Office Address:				æ	
	STE 300					
	St. Petersburg, FL_	33702				
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regisability co f the lim	stered office impany, it is ited liability	and the business office hereby confirmed that is company or as otherwi	of the regi the change	stered (s)
	Retire garage	Robi	n Jones			
	ture of a member or authorized representative of a member			Printed or typed name of sig		
provisi the obl	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change. David Roberts - Assistant Se	ee to act performa I for in C nereby co	in this cape ance of my o Chapter 605 onfirm that i	icity. I further agree to luties, and I am familian , F.S. Or, if this docume the limited liability comp	comply wi with and and is ent is being pany has b	th the accept g filed een
	David Roberts - Assistant Se re of Registered Agent	cretary				