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From:

Account Name: REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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<i>2</i> .	LLC REGISTERED AGENT CHANGE DEALER SUPREME LLC			2019 0
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OCT 2 3 2018

T. LEMIEUX

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.

r (orta	a. ame of the limited liability company: Dealer S	upre	eme LLC			
1. Na 2. (a)	6303 BLUE LAGOON DRIVE		(b) 6303 BLUE LAGOON DRIVE			
- . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Suite 400		Suite 400			
	MIAMI, FL 33126		MIAMI, FL 33126			
	02/13/2019		L190000	36634		
3.	Date of filing/registration in Florida	4.	<u></u>	Document number		
5. (a)	GLOVER, TOM					
(/	Registered Agent and Registered Office shown on the records of 7901 4TH ST N	the Flori	da Dept. of State	•		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			201		
	STE 300					
	ST. PETERSBURG33702			7119 OCT 28		
/ l- v	Northwest Registered Agent LLC			88		
(b)	Enter name of NEW Registered Agent and/or NEW Registered					
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	3370)2			
the cha agent was/w the art	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the layer of a member or authorized representative of a member	the repaility of the limited	gistered office company, it is imited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
I here provis the ob	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide the reflect of square in the envistaged office address t	ree to o perfor d for in	ct in this capa mance of my a chapter 605,	icity. I further agree to comply with the luties, and I am familiar with and accep F.S. Or, if this document is being filed		

Signature of Registered Agent

Love Tom Glover - Assistant Secretary