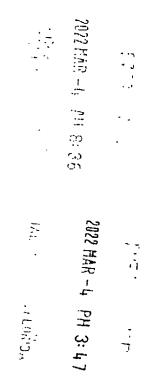
## 

(Requestor's Name)					
	(Address)	·-			
(Address)					
	,				
	City/State/Zip/Phone	#\ <u> </u>			
,	Okyrotaterzipii none	<del>"</del> )			
PICK-UP	WAIT	MAIL			
(	Business Entity Name	9)			
	(Document Number)				
Certified Copies	Certificates	of Status			
	-	<del></del>			
<del></del>					
Special Instructions to Filing Officer:					

Office Use Only





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 528669 7779145

AUTHORIZATION :

COST LIMIT : /\$\25.00

ORDER DATE: March 4, 2022

ORDER TIME : 2:12 PM

ORDER NO. : 528669-030

CUSTOMER NO: 7779145

## CHANGE OF AGENT

NAME: BACHOUR WHOLESALE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ:	Bachour Wholesale, LL	С					
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The er	closed Registered Agent/Registered	Office Char	nge and	fee(s) are submitted for filing.			
Please	return all correspondence concerning	g this matte	to the f	following:			
	Name of Person			_			
				_			
	Firm/Company						
	Address			_			
	City/State and Zip Coo			_ <del>_</del>			
	City/State and Zip Cot	ic					
E	E-mail address: (to be used for future	annual repo	rt notifi	cation)			
For fu	rther information concerning this ma	tter, please o	all:				
		at (		)			
	Name of Person	~ (_		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section			Street Address: Registration Section			
	Division of Corporations			Division of Corporations			
	P.O. Box 6327			The Centre of Tallahassee			
	Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	'ing amoun	t:				
	□ \$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy			
INHSI	8 (2/14)						

## 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.

I. Na	me of the limited liability company:  Bachour Wholes	ale, LL	.C	
2. (a)	2020 Salzedo Street, 5th Floor		(b)	zedo Street, 5th Floor
z. (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)
	Coral Gables, FL 33134	<u>—</u>	Coral Gab	oles, FL 33134
	02/20/2020	_	L20000052	575
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Peter D Lopez			
). (a)	Registered Agent and Registered Office shown on the records of			2022 H.E.P.
	<u> </u>	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	150 W Flagler Street, Ste 2200	- 1		
	Miami	33130		- American Company
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office a	iddress:	- သ တ
	NEW Registered Office Address:			-
	1201 Hays Street	_		-
	Tallahassee , FL	32301		_
change agent v	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of costs of organization or the operating agreement of the	registe bility of the li	red office and company, it is mited liability	d the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in
f	X X X		Peter D Lo	pez, Authorized Representative
/ -	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to merc polified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the provided of this change.	ee to ac perform I for in iereby	ct in this cape nance of my e Chapter 605 confirm that i	ncity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
	Kyuis Walked, assistent va president			