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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

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

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LLC REGISTERED AGENT CHANGE **BNWHOLESALE, LLC**

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T. LEMIEUX

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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

Name of the limited liability company: \underline{Bf}	AMHOL	.ES	ALE,	LLC					
)		_ (b)						
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)						
7901 4th St N STE 300			13762 W STATE RD 84 STE 101						
St. Petersburg FL 33702			DAVI	E FL	33325				 -
12/18/20			L200	000	39602	20			
Date of filing/registration in Flo	rida	4.		De	ocument n	umber			
Registered Agent and Registered Office shown on	i tile records or a		,						
Registered Agent and Registered Office shown on	i the records of a		·						
Registered Agent and Registered Office shown on Registered Office Address (MUST BE FLOR) 13762 W. STATE ROAD 84 STE	IDA STREET A								
Registered Office Address (MUST BE FLOR) 13762 W. STATE ROAD 84 STE	IDA STREET A	DDRES	<u>(S)</u>						
Registered Office Address (MUST BE FLOR) 13762 W. STATE ROAD 84 STE DAVIE Registered Agents Inc.	<i>IDA STREET A</i> E. #101	DDRES	<u>(S)</u>			a. -			
Registered Office Address (MUST BE FLOR) 13762 W. STATE ROAD 84 STE DAVIE Registered Agents Inc.	<i>IDA STREET A</i> E. #101 , FL	333	25			ne -	•	20:	
Registered Office Address (MUST BE FLOR) 13762 W. STATE ROAD 84 STE DAVIE Registered Agents Inc	<i>IDA STREET A</i> E. #101 , FL	333	25			a		2023 A of	
Registered Office Address (MUST BE FLOR) 13762 W. STATE ROAD 84 STE DAVIE Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Agent	<i>IDA STREET A</i> E. #101 , FL	333	25			**************************************		2023 ASP 1	
Registered Office Address (MUST RE FLOR) 13762 W. STATE ROAD 84 STE DAVIE Registered Agents Inc Enter name of NEW Registered Agent and/or NI 7901 4th St N	<i>IDA STREET A</i> E. #101 , FL	333	25			**************************************		2023 ASP PM	· · · · · · · · · · · · · · · · · · ·

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.

Robert Janes	ROBIN JONES
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 merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been partitled in writing of the change. natified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent