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Page, 2 of 4

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email	Address:		

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State:
Walmart Fulfillment Services, LLC
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M20000001405
3. Jurisdiction of its organization: DE
4. Date authorized to do business in Florida: 02/04/2020
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LL.C.," or "LL
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name nuist contain "Limited Liability Company," "L.L.C." or "L.L.C.")
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent;
New Registered Office Address:
Enter Florida Street Address
City Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent; 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 to merely reflect a change in the registered office address, I hereby confirm that the limited

liability company has been notified in writing of this change.

Fitle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Joni Sartain	702 SW 8th St., Bentonville, AR 72716	\S\Add
			□Renic
Manager	Ronald (RJ) Zanes	702 SW 8th St., Bentonville, AR 72716	\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
			□Remo
Manuger	David DeSerio	702 SW 8th St., Bentonville, AR 72716	ЫbAdd
danager	Hunter Hart	702 SW 8th St., Bentonville, AR 72716	(SIAdd
			□Remo
			□Add
aforemention	under the law of which this entity	ated by the official having custody of records in the is organized.	П ет ю
	Signat	ture of the authorized representative	

Filing Fee: \$25.00