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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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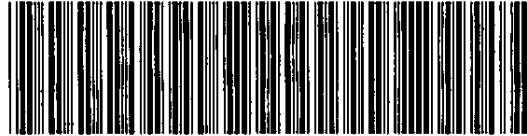
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 17 2016  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DOUBLE GREEN WHOLESALERS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P01000036746

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CANDY BROWNLOW

Name of Contact Person

JOHN P. MAAS, ESQ.

Firm/Company

44 N.E. 16 STREET

Address

HOMESTEAD, FL 33030

City/State and Zip Code

CHOWSTERS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CANDY BROWNLOW

Name of Contact Person

at ( 305 ) 247-7132

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DOUBLE GREEN WHOLESALERS, INC.
2. The principal office address: 300 N. KROME AVENUE, #15, FARMERS MARKET, FLORIDA CITY, FLORIDA 33034
3. The mailing address (if different): P. O. Box 901607, Homestead, FL 33090
4. Date of incorporation/qualification: 04/11/2001 Document number: P01000036746
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John P. Maas, Esq.

44 N.E. 16 Street

Homestead, FL 33030

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Chow

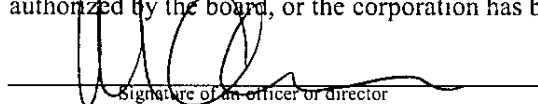
300 N. Krome Avenue, #15, Farmers Market

P.O. Box NOT acceptable

Florida City, Florida 33034

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

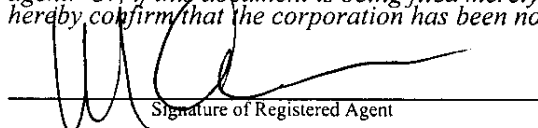
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Michael Chow, President

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

May 12, 2016  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

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TALLAHASSEE, FLORIDA