I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK WILHELM

Electronic Signature of Signing General Partner Detail

Entity Name: WILHELM FLORIDA, LLLP

Current Principal Place of Business:

936 CHAMBERS COURT A-11 EAGLE, CO 81631

Current Mailing Address:

DOCUMENT# A1200000873

PO BOX 5452 EAGLE, CO 81631 US

FEI Number: 46-1578985

Name and Address of Current Registered Agent:

2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

NATIONAL REGISTERED AGENTS, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: LEYA JADIN			02/23/2018
	Electronic Signature of Registered Agent			Date
General Partner Detail :				
Document #		Document #		
Name	WILHELM, MARK J	Name	WILHELM, AMY H	
Address	PO BOX 5452	Address	PO BOX 5452	
City-State-Zip:	EAGLE CO 81631	City-State-Zip:	EAGLE CO 81631	

Certificate of Status Desired: No

FILED Feb 23, 2018 Secretary of State CC2058014304

> 02/23/2018 Date

GENERAL PARTNER