| oath; that I am a managing member or manager of the limited liability company or the receiver of | | |
|--|------|------------|
| that my name appears above, or on an attachment with all other like empowered. | | |
| SIGNATURE: MENDES CORDEIRO, NILTON | AMBR | 01/06/2021 |

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

DOCUMENT# L18000115369

Entity Name: WMV & NMC HOLDINGS LLC

Current Principal Place of Business:

4748 WALDEN CIRCLE #831 ORLANDO, FL 32811

Current Mailing Address:

4748 WALDEN CIRCLE #831 ORLANDO, FL 32811 US

FEI Number: 36-4899490

Name and Address of Current Registered Agent:

LARSON ACCOUNTING GROUP 7901 KINGSPOINTE PKWY STE 17 ORLANDO, FL 32819 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 | CAROLINE G LARSON | | | 01/06/2021 | |
|-------------------------------|--|-----------------|--------------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Authorized Person(s) Detail : | | | | | |
| Title | AMBR | Title | AMBR | | |
| Name | MENDES CORDEIRO, NILTON | Name | MITSUO VARICODA, WAGNER | | |
| Address | 8919 LOOKOUT PONTE DR | Address | 4828 CYPRESS WOODS DR #3 | 75 | |
| City-State-Zip: | WINDERMERE FL 34786 | City-State-Zip: | ORLANDO FL 32811 | | |

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 06, 2021 Secretary of State 9134049033CC

Certificate of Status Desired: No

Date