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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 01/09/2017

CFO

SIGNATURE: RYAN O'DESKY

Electronic Signature of Signing Authorized Person(s) Detail

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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	P	Title	COF
Name	SINYKIN, DANIEL	Name	O'DESKY, RYAN
Address	PO BOX 17100	Address	10533 NORTH MANOR CIRCLE
City-State-Zip:	MILWAUKEE WI 53217-8092	City-State-Zip:	MEQUON WI 53092
Title	C00		
Name	O'DESKY, RYAN		
Address	10533 NORTH MANOR CIRCLE		
City-State-Zip:	MEQUON WI 53092		

10533 NORTH MANOR CIRCLE MEQUON. WI 53092

DOCUMENT# M15000009410

Current Principal Place of Business:

Current Mailing Address:

10533 NORTH MANOR CIRCLE MEQUON. WI 53092 US

FEI Number: 47-5219264

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Entity Name: DENALI LICENSED PRODUCTS GROUP LLC

FILED Jan 09, 2017 Secretary of State CC9432955785

Certificate of Status Desired: No

Date

Date