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Algistère de Change

07/06/10--01034--018 **35.00



16/10

TO: Amendment Section Division of Corporations	
SUBJECT: THOMAS J. WHITE COI	MPANY
DOCUMENT NUMBER: F0600000	5028
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
	i
THOMAS J. WHI	<u>TE jih in in jih in n</u> a in in n
Name of Contact Per	son · · ·
THE WHITE COMP	DANY
Firm/Company	ANI
1600 SO. BRENTWOOD BL\ Address	VD. SUITE 770
Address	
ST. LOUIS, MO 6	: 3144
City/State and Zip Co	ode
Twhite@white-co.c	om .
E-mail address: (to be used for future an	
	•
For further information concerning this matter, please call:	
Thomas J. White at (314) - 7776
Name of Contact Person A	rea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of	State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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, Floria statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of the State	of Florida
1. The name of the corporation: THOMAS J. WHITE COMPANY	;
2. The principal office address: 1600 SO. BRENTWOOD BLVD. SUITE 770; S	ST. LOUIS MO 63144
3. The mailing address (if different):	
4. Date of incorporation/qualification: 7-28-2006 Document number: :	F06000005028
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	with the
Thomas J. White	
1680 St. Lucie West Blvd., Suite 200	
Port St. Lucie, Florida 34986	TARY HASS
6. The name and street address of the new registered agent (if changed) and /or registered (if changed): Thomas J. White	office TLORIDE
1555 St. Lucie West Blvd., Suite 103	 ,
P.O. Box NOT acceptable	
Port St. Lucie, Florida 34986	
The street address of its registered office and the street address of the business office of as changed will be identical.	of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so
Signature of an other or director Signature of an other or director Printed or typed name at	∵ Vhite :
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 of any duties, and I am familiar with and accept the obligation of my position as registed accument is being filed merely to reflect a change in the registered office address, I he corporation has been notified in writing of this change. June 29, 20 Signature of Registered Agent	complete performance ered agent. Or, if this ereby confirm that the
If signing on behalf of an entity:	
Thomas J. White	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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