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PICK-UP	☐ WAIT	MAIL		
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(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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B. BOSTICK

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Registration Section Division of Corporations WHITE WING, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DOHALD HILMAN 1TEWING 13 JAN 28 PH 12: 26 For further information concerning this matter, please call: MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section
Division of Corporations Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 Tallahassee, Florida 32314 Enclosed is a check for the following amount: \$55 Filing Fee & Certified Copy \$25 Filing Fee INHS18 (5/08) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. WHITE WING, LLC 1. Name of the limited liability company: _ 218 HARVARD ROAD 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) ST AUGUSTINE, FL 33803 (b) Mailing address of limited liability company: 218 HARVARD ROAD ST. AUGUSTINE, FL 33803 (Note: MAY BE POST OFFICE BOX) L04000000448 12-23-03 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: C. GEOFFREY VINING≧ Registered Agent: Registered Office Address: HARDEN BOULEVARD 111 Ö (b) Enter name of NEW Registered Agent and/or NEW Registered Office address 2 cr NEW Registered Agent: N.LK. SYBELIA NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an aftirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the therating agreement of the limited liability company.

Signature of a member or authorized representative of a dember the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statules relative to the proper and complete performance of my dulies, y with and accept the obligations of my position as registered agent as provided for in y, if this document is being filed to merely reflect a change in the registered office of the thing with the limited liability company has been notified in writing of this change.

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE		HITE WING, LLC		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning	this matter to the following:		
	NAME of Person NAME OF Person NAME OF Person NAME OF Person Address AND Address City/State and Zip Code CORDHILLM CAOL Mail address: (to be used for future annual report in their information concerning this matter The information Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following Cl\$25 Eiling Fee	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	13 JAN 28 PH 12: 26	TETO
,	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	WHITE WING, LLC			
2. (a) Principal office address of limited liability company	218 HARVARD ROAD			
(Note: MUST BE STREET ADDRESS)	ST. AUGUSTINE, FL 33803			
(b) Mailing address of limited liability company:	218 HARVARD ROAD			
(Note: MAY BE POST OFFICE BOX)	ST. AUGUSTINE, FL 33803			
12-23-03	L0400000448			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	C. GEOFFREY VINING			
Registered Office Address:	1611 HARDEN BOULEVARD > TI LAKELAND, FL 33803			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address				
NEW Registered Agent:	DONNAD HILLMAN S			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	MAITLAND FL 3275			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member				
Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent