## LUDUOUS406

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## **COVER LETTER**

Division of Corporations	
SUBJECT: WHITE S	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Name of Person  WHITE SQUIMMEL IN  Firm/Company	
30 A COUL OULALOOK Address	NRIVE SECRETAR TALLAHASS
HANDANSONVILLE, N.C. J City/State and Zip Code	18739 T
E-mail address: (to be used for future an	hual report notification)
For further information concerning this matter	r, please call:
Name of Person	at (828) 89/- 9247  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followin	g amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

rioriae	7.					
1. Na	me of the limited liability company: WHITE	5 R	UIRKEL	LLC	·· <u>·</u> ··	
2. (a)	NEW ADDRESS - JACK BRIAS	_ (b)	JUCK	BRIAS		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ ,,	Mailing a	ddress of limited	•	
	30 A COVE OVYXLOOK DRIVE	_	17015.0 1-1200	OCHAN B	K, #	7006-5
	114NOGASONVILLE, N. C. 28739	<u>-</u>	HLWA	· , FL .	330	19
	2-13-2006	_	L060	2001840	26	
3.	Date of filing/registration in Florida	4.	Docum	nent number		
5. (a)						
	Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of State:			
	JACK ARIAS					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>			
	1201 S. OCANN DR. # 2001	65		TALI	2015	
	HOLLYWOOD ,FL		19	7 (C)	NGN	***************************************
(b)	Jack Creis				24 f	m
• •	Entername of NEW Registered Agent and/or NEW Registered C	Office add	ess:	تار ئىش	Ū	U
	EVA KINCAIN			ORIDA	: <u>3</u>	
	NEW Registered Office Address:		1/			
	2886 FERNLEY DRIVE K	A57	#4			
	WEST PAIM BEACH , FL	335	115			
the cha agent v was/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li-	he regist oility con the limit	ered office and the npany, it is hereby ed liability compa bility company.	e business offi y confirmed the any or as other	ce of the at the cha wise pro	registered ange(s)
	lack Crim		VACK 1	9 K 1.BS		
Signat	fa member or authorized representative of a member		Printed	or typed name of	signee	<del></del>
provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	erforma for in Cl	nce of my duties, c napter 605, F.S. (	and I am famil. Or, if this docu	iar with a ment is b	and accept being filed
Signatu	re of Registered Agent					