

109000063335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS
SEP 15 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURELY WHITE, LLC
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:

JEFFREY M KNIGHT
Name of Person

PURELY WHITE, LLC
Firm/Company

1050 LENOX PARK BLVD NE #2406
Address

ATLANTA, GA 30319
City/State and Zip Code


E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY M KNIGHT at 404, 272 1215
Name of Person 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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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.

1. Name of the limited liability company: PURELY WHITE, LLC

2. (a) Principal office address of limited liability company: PURELY WHITE

☒ (Note: MUST BE STREET ADDRESS)

8401 NINTH ST. N STE. 980
ST. PETERSBURG, FL 33702

(b) Mailing address of limited liability company: PURELY WHITE

☒ (Note: MAY BE POST OFFICE BOX)

PO BOX 3041
PINELLAS PARK, FL 33780

6/29/2009
3. Date of filing/registration in Florida

L09000063335
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: PUSH INNOVATION, LLC

Registered Office Address: 2095 ILLINOIS AVE NE
ST. PETERSBURG, FL 33702
USA

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: PUSH INNOVATION, LLC

NEW Registered Office Address: 8401 NINTH ST. N STE 980
(MUST BE FLORIDA STREET ADDRESS) ST. PETERSBURG
FL 33702

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]
Signature of a member or authorized representative of a member

JEFFREY M. KNIGHT
Printed or typed name of signer

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 complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

FILED
2009 SEP 14 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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