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11/06/23--01649--003 **335.00



COVER LETTER

TO: Registration Section Division of Corporations		`
SUBJECT: WHITE CLOUD, LLC	me of Limited Lia	hility Company
ina	me or climited Lia	onity Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fe	ee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the fo	llowing:
Andrew Pierce		
Name of Person		_
Cindy's Florida LLC		
Firm/Company		_
8051 N. Tamiami Trail STE E6		-
Address		-
Sarasota, Florida, 34243		
City/State and Zip Code		_
reports@wyomingllcattorney.com		
E-mail address: (to be used for future an	nual report notific	ation)
For further information concerning this matter	r, please call:	
Andrew Pierce	707 at (300-0042
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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.

1. Na	ame of the limited liability company: WHITE CLOU	JD, LLC	
2. (a)	8051 N. Tamiami Trail STE E6	(b	b) 8051 N. Tamiami Trail STE E6
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sarasota, Florida, 34243		Sarasota, Florida, 34243
	08/05/2009		L09000075025
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SHA, SANDRA J		
` '	Registered Agent and Registered Office shown on the records	of the Florida	la Dept. of State:
	9209 CHARLES E. LIMPUS ROAD		
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRESS</u>	<u>છ</u>
	ORLANDO	FL	
		rL	
(b)			
. ,	Enter name of NEW Registered Agent and/or NEW Register	red Office add	ddress:
	Cindy's Florida LLC		ddress:
	NEW Registered Office Address:		ب
	8051 N. Tamiami Trail STE E6		ිය
	Sarasota	FL_34243	
16 (ba 1	imited liability company is not asymptotic under the	love of the	e State of Florida, it is hereby confirmed that after the
change agent v was/we the arti	e or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the control of th	the registere l liability cons s of the limited li	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.
An	edrew Pierce	Andı ——	drew Pierce, Manager
I here provisi the obl to mer notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d'in writing of this change. Light Pince	igree to act vie performa ded for in C I hereby co	Printed or typed name of signee It in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

COVER LETTER

Division of Corporations	
MOECAASH TRUCKER LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Andrew Pierce	
Name of Person	
Cindy's Florida LLC	
Firm/Company	
8051 N. Tamiami Trail STE E6	
Address	
Sarasota, Florida, 34243	
City/State and Zip Code	
reports@wyomingllcattomey.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Andrew Pierce 7 at (300-0042
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INFIS18 (2/14)	

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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.

1. Na	ame of the limited liability company: MOECAASH T	RUCKE	R L	LC		
2. (a)	8051 N. Tamiami Trail STE E6		(b)	8051 N. T	amiami Trail	I STE E6
~· (~)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		_	ss of limited liability company: Y BE POST OFFICE BOX)
	Sarasota, Florida, 34243			Sarasota, F	lorida, 3424	3
					······································	
	01/31/2022		1	_22000053	266	
3.	Date of filing/registration in Florida	 4.	~		Document 1	number
5. (a)	Registered Agent,Inc.					
J. (u)	Registered Agent and Registered Office shown on the records of	f the Flor	ida F	Dept. of State	- 2:	
	7901 4th St.N.					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SSI		~	
	SUITE 300					, ~ <u>.</u>
	St.Petersburg F	L_33712			-	E- 111 - 5 2023 HOV - 6
		<u></u>			-	
(b)					_	5 3 W
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	<u>addı</u>	ess:		三 章
	Cindy's Florida LLC					H 10: 3
	NEW Registered Office Address:				-	æ
	8051 N. Tamiami Trail STE E6				-	
	Sarasota , F	L ³⁴²⁴³				
change agent v was/we the arti	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of of the li	red com mit	office and pany, it is ed liability	I the busines hereby con company o	ss office of the registered ifirmed that the change(s)
	drew Pierce	Ar	ndre	w Pierce, N	/anager	
Signat	ure of a member or authorized representative of a member				Printed or typ	ped name of signee
provisi the obli to mere notified	oy accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I writing of this change.	ree to a e perforn ed for in hereby (ct ir nan Ch con	this capa ce of my d apter 605, firm that ti	city. I furth luties, and I F.S. Or, if he limited li	her agree to comply with the am familiar with and accept This document is being filed tability company has been
	draw Piarca e of Registered Agent					