L10000004008

R.Watson		
- 560 S. Brevard Ave # 635 -		
LUCOA BEACH FL. 32431		
(Address)		
(Address)		
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(City/State/Zip/Phone #)		
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10'DEC-7 AND 47

D. BRUCE

EXAMINER

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: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	White International ILC
2. (a) Principal office address of limited liability compa	ny:
(Note: MUST BE STREET ADDRESS)	SLOD S Breward Ave #625 LOCOG Beach Fix 32931
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Same as above
1-12-2010 3. Date of filing/registration in Florida	11 000000 40 68 4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	Rachel Watson
Registered Office Address:	3409 S Atlantic Aur # 203 COLOG BEACH FL 32931
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	SLOO S Brevard Ave # 625
(MUST BE FLORIDA STREET ADDRESS)	COCOG Beach FL 32931
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth 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 comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and the limited liability compand I am familiar with and the limited liability compand I am familiar with an accept the limited liability compand I am familiar with an accept the limited liability compand I am familiar with an accept the limited liability compand I am familiar with an accept the limited liability compand I am familiar with a mand I am familiar with a	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.
Chapter 608, F.S. Or, if this document is being filed to n	nerely reflect a change in the registered office

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