L170000364444

| | (Requestor's Name) |
|-------------------------|--------------------------|
| | |
| | (Address) |
| | |
| | (Address) |
| | (Address) |
| | |
| | (City/State/Zip/Phone #) |
| | _ |
| PICK-UP | WAIT MAIL |
| | |
| | (Business Entity Name) |
| | (Cara and Cara) |
| | |
| | (Document Number) |
| | |
| Certified Copies | Certificates of Status |
| | |
| Consist Instructions t | o Edwar Officer |
| Special Instructions to | o Filing Officer: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Office Use Only



800395946608

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 024016 8334108 AUTHORIZATION : COST LIMIT ORDER DATE: October 12, 2022 ORDER TIME : 1:40 PM ORDER NO. : 024016-075 CUSTOMER NO: 8334108 CHANGE OF AGENT NAME: WHITE BUILDING ACQUISITION, LLCPLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: ____

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 BUILDI | NG ACC | UISITION | , LLC | | |
|--|--|--|---|--|--|------------------------------------|
| | | (| h) c/o Mar | na Wynwood | | |
| 2. () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ' | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | - |
| | 201 East Flagler Street | | 2217 N | W 5th Ave | | |
| | Miami, FL 33132 | _ | Miami, I | FL 33127 | | |
| | 02/15/2017 | | L170000 |)36444 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document nu | mber | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | | | | | |
| | | the Floric | la Dept. of St | tate: | | |
| | Chung, Jay | | | | 297 SE | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | 70 TALL | {}} |
| | 2217 NW 5th Ave | | | | | त हु। सम्बद्धाः |
| | Miami FI | 33127 | | _ | 2007 OCT 13 AM 10: SECRETARY OF ST TALLAHASSEE. | 9 |
| | | | | _ | AMID: 41 Y of STATE | 9 4 5 |
| (b) | | | | | | \$ |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office a | ddress: | | | |
| | Corporation Service Company | | | | | |
| | NEW Registered Office Address: | | | | | |
| | 1201 Hays Street | | | | | |
| | Tallahassee | 32301 | | | | |
| 1 C al 1: | | C.1 | . C | | 1 | c |
| change agent w was/we | imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of the of organization or the operating agreement of the | register ability co of the Iin | ed office a ompany, it nited liabil | and the business is hereby confir ity company or | office of the register rmed that the change | red (s) |
| /S/ Mo | pishe Mana | Мо | ishe Mana | ı, Authorized Pe | rson | |
| | ture of a member or authorized representative of a member | | <u> </u> | Printed or typed | name of signee | |
| provision the obli to mere notified | by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this change. | ree to ac perform d for in c hereby c | t in this ca jance of my Chapter 60 onfirm tha | pacity. I further y duties, and I ar 05, F.S. Or. if th at the limited liab | r agree to comply wi m familiar with and his document is being bility company has b | th the accept g filed een |
| | ice tokuble | | | | | |
| Signatui | re of Registered Agent | | | | | |

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

INHS18 (2/14)

Grace E. Kirby, Asst. Vice President