

L19000150292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

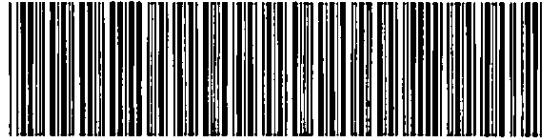
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2022

WHITE&SONZ MOBILE DETAIL/CARWASH AND LAWN SERVICE LLC
724 S BROOKSVILLE AVENUE
BROOKSVILLE, FL 34601

SUBJECT: WHITE&SONZ MOBILE DETAIL/CARWASH AND LAWN SERVICE
LLC
Ref. Number: L19000150292

We have received your document for WHITE&SONZ MOBILE
DETAIL/CARWASH AND LAWN SERVICE LLC and your check(s) totaling
\$25.00. However, the enclosed document has not been filed and is being
returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type
or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your
document accordingly.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 122A00013209

JUN 13 2022

**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. Name of the limited liability company: Whited Sonz mobile Detail/Car wash and Lawn Service LLC
2. (a) 724 S. Brooksville Ave Brooksville (b) _____
Principal office address of limited liability company: FL 34601 Mailing address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. June 6, 2019 4. L19000150292
Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. Semoran Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 36
Orlando, FL 32822

- (b) Smith, Shanon
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

16423 Snowbird Ave
NEW Registered Office Address:
Weeki Wachee
_____, FL 34614

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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

[Signature]
Printed or typed name of signee

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 605, 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