

(Req	uestor's Name)	
(Addi	ress)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only





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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 434207 4306349				
AUTHORIZATION				
COST LIMIT -: \$ 25.00				
ORDER DATE: April 25, 2024				
ORDER TIME : 1:35 PM				
ORDER NO. : 434207-005				
CUSTOMER NO: 4306349				
CHANGE OF AGENT				
NAME: WHITE LABEL CAPITAL, LLC				
DI FACE DEMUNI EUE FOLLOUING NO DROOF OF FILING				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XXX PLAIN STAMPED COPY				
AAA PHAIN STAMPED COPT				
CONTACT PERSON: Shauna Godbolt EXT#				
EXAMINER:				
A				

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	WHITE LABEL CAPITAL, LL	С					
SODGE		Name of Limited Liability Company					
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered	Office Chang	e and fee(s) are submitted for filing.				
Please	return all correspondence concernir	ng this matter t	o the following:				
Carolin	e Lascek						
	Name of Person						
c/o K&I	L Gates LLP						
	Firm/Company						
210 Six	oth Avenue						
	Address						
Pittsbu	rgh PA 15222						
	City/State and Zip Co	ode					
E	-mail address: (to be used for future	annual report	notification)				
For fur	ther information concerning this ma	atter, please ca	11:				
		at (
	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 Tallahassec, FL 32303				
	Enclosed is a check for the follow	wing 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.

l. Na	me of the limited liability company: WHITE LABEL (CAPITA	L, LLC	
2. (a)	710 Springdale Drive	-	710 Sprin	gdale Drive
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	Exton, PA 19341		Exton, PA	19341
	02/09/2021		L21000069	858
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	REGISTERED AGENTS INC			
, (u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	- e: -
	Registered Office Address (MUST BE FLORIDA STREET. 7901 4TH N STE 300	<u>ADDRE</u>	<u>SS)</u>	
		33702	· <u> </u>	-
	ST. PETERBURG , FI	- 33702		-
(b)				.) (. ₁
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	* 1 %
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
				_
	Tallahassee	32301	i	_
change agent v was/wasthe	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cless of organization for the operating agreement of the	registe ability of the li limited	ered office and company, it is imited liability I liability com	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
Signa	James Mague	_	anics waged	Printed or typed name of signee
I here provisi the obi	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change.	ree to a perfori d for in hereby	ct in this cape mance of my e Chapter 605 confirm that	acity. I further garee to comply with the
Cia	The of Paristand Agant			
១ខ្មោរង្សា	ire of Registered Agent			