

1/5/22 2:49 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAUIG (ORLANDO)  
Account Number : 103731001374  
Phone : (407)418-2435  
Fax Number : (407)420-5909

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
MITCH WHITE CAPITAL LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
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**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: Mitch White Capital LLC
2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
2098 NE Ginger Terrace  
Jensen Beach, FL 34957
- (b) SAME  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*
3. November 1, 2021 4. L21000468705  
 Date of filing/registration in Florida Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
NRAI Services, Inc.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 S. Pine Island Road  
Plantation, FL 33324
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Capitol Corporate Services, Inc.  
NEW Registered Office Address:  
515 E. Park Ave., 2nd Floor  
Tallahassee, FL 32301

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 TALLAHASSEE, FL  
 CLERK OF STATE

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.

/s/ Heather Irving

Heather Irving, Authorized Representative

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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.*

Taylor Seay

Taylor Seay, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Signature of Registered Agent

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