122000063751

(Requestor's Name)				
(requires a name)				
(Address)				
, ,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
APR - 1 2022				
AFR 1 2020				

Office Use Only



000374738160

03/29/22--01036--003 **25.00

2022 HAR 30 AH II: 02 SECKETARY OF THE

COVER LETTER

TO:

RECEIVED

Registration Section Division of Corporations

2022 MAR 15 PM 3: 48

	THE4WHITE LLC		FOREITHIN 13 FM 3-40		
SUBJECT:	THE4WHITE CLC			SECRETARY OF STATE	
-	Na	me of Limited L	iability Company	TALLAHASSEE FL	
Dear Sir or Madam:					
The enclosed Registo	red Agent/Registered Of	fice Change and	fee(s) are submitted for	or filing.	
Please return all corre	espondence concerning the	his matter to the	following:		
RAFAEL H. BLANCO)		•		
	Name of Person				
THE4WHITE LLC					
	Firm/Company				
2101 BRICKELL AVE	E 3401			,	
	Address			•	
MIAMI , FL, 33129					
	City/State and Zip Code				
WHITES0531@GMA	IL.COM				
E-mail address	(to be used for future ar	nual report notif	ication)		
For further informati	on concerning this matte	r, please call:			
RAFAEL H. BLANCO)	954 at (3629658		
Nam	e of Person		Area Code & Dayti	me Telephone Number	
Mailing Ad Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327		Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810	
Enclosed is	a check for the followin	g amount:			
S 25 Filing	g Fee	☐ S55 Filing Fee & Certified Copy			

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. N	ame of the limited liability company:THE4WHI	TE LLC	
2. (a)	2101 BRICKELL AVE 3401 33129 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a	Date of filing/registration in Florida DAVIMARY II, LLC Registered Agent and Registered Office shown on the records of 2101 BRICKELL AVE 3401	4.	Document number pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET.	2022 HAR SECRETALLAHA	
(b)	VIDAMARY LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	30 J	
	2101 BRICKELL AVE 3401 NEW Registered Office Address:	02	
	, FI	33129	
chang agent was/v the ar	limited 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 livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered of ability compof the limited limited liab	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company. RAFAEL BLANCO
I her provi. the ol to me notific	tature of a member or authorized representative of a member seby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect d change in the registered office address, I led in writing of this change.	ree to act in performanced for in Cha hereby confi	Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am Jamiliar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

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