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COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJE	WHITE-SOL LLC CT:								
		Name of Limited Liability Company							
Dear Si	r or Madam:								
The enc	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.						
Please r	return all correspondence concerning	g this matter to the	following:						
JOHN V	VHITESELL								
	Name of Person		_						
WHITE	-SOL LLC								
	Firm/Company								
21 OLD	MISSION AVENUE								
	Address								
ST AUG	GUSTINE, FL 32084								
	City/State and Zip Coc	le	<u> </u>						
john@jv	wsells.com								
E-	mail address: (to be used for future	annual report notif	ication)						
For furt	her information concerning this mat	tter, please call:							
JOHN V	WHITESELL	904 at (495-3973						
	Name of Person		Area Code & Daytime Telephone Number						
	Mailing Address: Registration Section		Street Address: Registration Section						
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	Enclosed is a check for the follow	ring amount:							
	□ \$25 Filing Fee		55 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.

. Na	ime of the limited liability company:	C 		
(a)	113 GRAFFT LANE		(b) 11	13 GRAFFT LANE
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ST AUGUSTINE, FL 32084		S1	F AUGUSTINE, FL 32084
	02/28/2022		L2:	2000102660
(a)	Date of filing/registration in Florida JOHN WHITESELL	4,		Document number
(4)	Registered Agent and Registered Office shown on the records of	the Flori	da Der	ot, of State:
	Registered Office Address (MUST BE FLORIDA STREET) 113 GRAFFT LANE	4DDRE	<u>5,5)</u>	· ·
(b)	ST AUGUSTINE FL	32084		2024
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			44 P D
	NEW Registered Office Address:			
	21 OLD MISSION AVENUE			<u></u>
	ST AUGUSTINE . FL	32084		
nange gent v as/wç e arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li limited	red o compa mited Hiabi	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
oviși e obl merc	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have fitting of this change.	ce to a perfori d for in hereby	ct in t nance Chaj confu	his capacity. I further agree to comply with the cof my duties, and I am Jamiliar with and accep- oter 605, F.S. Or, if this document is being filed cm that the limited liability company has been

COVER LETTER

Division of Corporations	
WHITE-SOL LLC SUBJECT:	
	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
JOHN WHITESELL	
Name of Person	
WHITE-SOL LLC	
Firm/Company	
21 OLD MISSION AVENUE	
Address	
ST AUGUSTINE, FL 32084	
City/State and Zip Code	
john@jwsells.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	l:
JOHN WHITESELL 904	495-3973
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 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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113 GRAFFT LANE	i. Na	me of the limited liability company:	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) ST AUGUSTINE, FL 32084 Date of filing/registration in Florida Document number JOHN WHITESELL Registered Office Address I JOHN WHITESELL Registered Office Address MUST BE FLORIDA STREET ADDRESS) I J GRAFFT LANE ST AUGUSTINE FL 32084 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 21 OLD MISSION AVENUE ST AUGUSTINE FL 32084 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 gent and gree to act in this capanay, it is hereby confirmed that the changers 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 or as otherwise provided in the articles of organization or stee operating agreement of the limited liability company or as otherwise provided in the articles of organization or stee operating agreement of the limited liability company or as otherwise provided in the articles of organization or stee operating agreement of the limited liability company. John Whitesell Signappi of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with and accept the object of the proper and complete performance of my duties; and I am familiar with and accept the object of the proper and complete performance of my duties; and I am familiar with and accept the object of the proper and complete performance of my duties; and I am familiar with and accept the object of the proper and complete performance of my duties; and I am familiar with and accept the object of the proper and complete performance of my duties; and I am familiar with and accept	2. (a)	113 GRAFFT LANE		(b)	113 GRAF	FT LANE	
Date of filing/registration in Florida 4. Document number JOHN WHITESELL Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 113 GRAFFT LANE ST AUGUSTINE FL 32084 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 sixteet address of the registered office and the business office of the registered green and the business of the state of Florida, it is hereby confirmed that after the change or changes are made 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 regarding on the operating agreement of the limited liability company John Whitesell Signapper of a member or authorized representative of a member Printed or typed name of signee Printed or typed name of	` ,	• , -	_	(-)			
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Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		02/28/2022	_		L220001026	660	
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Registered Office Address [NUST BE FLORIDA STREET ADDRESS] [13 GRAFFT LANE] ST AUGUSTINE [NEW Registered Office Address: [21 OLD MISSION AVENUE] ST AUGUSTINE [In 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 idequical. 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 or as otherwise provided in Signapore of a member or authorized representative of a member. 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 oppositions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept to member or authorized representative agent and agree to act in this capacity. I further agree to comply with the oppositions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept to member or accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the oppositions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept to member or accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the oppositions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept to member or accept the appointment as the registered office address, I hereby confirm that the limited liability company has been notified in viting of this change.	5 (a)	JOHN WHITESELL					
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Signature of Registered Agent	provisi the obl to merc	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided Ny reflect a change in the registered office address. I l	ee to a perfor I for it terchy	ict i mai 1 Ci 1 coi	n this capa we of my d apter 605, afirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been	
	Signatu	e of Registered Agent					