

h22 000 273411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

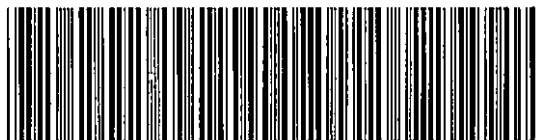
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/25/2022 11:01:00 AM 25.00

2022 JUL -6 AM 9:20

01/25/2022

RA Change

01/25/2022

01/25/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Angel White Enterprises LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Evangeline Drinkard-White
Name of Person

Angel White Enterprises LLC
Firm/Company

218 E. Bearss Ave. #343
Address

Tampa FL 33613
City/State and Zip Code

angelwhite0612@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evangeline Drinkard-White at (508) 269-0832
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

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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: Angel White Enterprises LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

218 E. Bearss Ave #343
Tampa FL 33613

218 E. Bearss Ave #343
Tampa FL 33613

3. 6/15/2022 4. 622000273411
Date of filing/registration in Florida Document number

5. (a) Evangeline Drinkard-White
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4026 Angel Oak Ct 101
Tampa, FL 33613

(b) Evangeline Drinkard-White
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
218 E. Bearss Ave #343
Tampa, FL 33613

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.

Evangeline Drinkard-White
Signature of a member or authorized representative of a member

Evangeline Drinkard-White
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.

Evangeline Drinkard-White
Signature of Registered Agent

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