## L22000364640

(Requestor's 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:						





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08/21/23--01022--005 \*\*25.00

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29 AUG 21 PM IZ: 31

COVER LETTER						
TO: Registration Section Division of Corporations						
SUBJECT: Whiles Real Es	Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the	e following:					
Decia While Name of Person	<del></del>					
Whites Real Estate Firm/Company						
11639 Canear St Delace Address						
Oslando FL 32817 City/State and Zip Code	<u> </u>					
1 devin white 10 anail com E-mail address: (to be used for future annual report not	ification)					
For further information concerning this matter, please call:						
Deum White at (321 Name of Person	) 330 - 7961 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:						
<b>₹</b> \$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. Nar	ne of the limited liability company: _	Whiles	Real	Estate	LLC	
2. (a) 🛚	Principal office address of limited liab (Note: MUST BE STREET AL	ility company:	<u> </u>	Mailing address of	first liability BE POST OFFICE	company:
	8/18/2022		  レ?	220003641	64 o	
3.	Date of filing/registration in	Florida	- 4.	Document nu		
	Registered Agent and Registered Office show  476 River Side Aue  Registered Office Address (MUST BE FL	n òn the records of 1	he Florida Dept.	_	Inc	
	Cleogod Carcol Caquada  Congression Carcol  Co	0000000	AND	DE CONTRA		
(b) _	Enter name of NEW Registered Agent and/o	TEW Registered	Office address:		2023 AUG 21 1	TI
	NEW Registered Office Address:	n St		<u>.</u>	PH 12: 31 OF STATE EF, FLORIDA	O
	Ociando_	, FL	3281	7		
change agent w was/wei the artic	mited liability company is not organize or changes are made, the Florida stree ill be identical. Or, in the case of a F re authorized by an affirmative vote of les of organization or the operating a	et address of the lorida limited lia of the members o	registered off bility compan f the limited lim	ice and the business  y, it is hereby confi- iability company or  ty company.	s office of the re irmed that the c as otherwise p	egistered hange(s)
(J	re of a member or authorized representative of	of a member		Printed or types	nite	
I hereb provision the oblit to mere notified	w accept the appointment as registered as of all statutes relative to the proper pations of my position as registered as y reflect a change in the registered of in writing of this change.	d agent and agr	ee to act in thi	is canacity. I furthe	r agree to com-	ply with the h and accept being filed has been
CIENTERIN	or registered Agent					

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