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YU

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

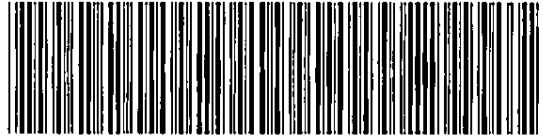
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/11/23--01035--013 \*\*25.00

2023 DEC 11 11:09

December 6, 2023

FL Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Please find the enclosed form INHS18 (2/14). I would like to update our company address and change the registered agent. The listed address is currently 1701 San Pablo Rd. S, Apt 808, Jacksonville, FL 32224. We are no longer at that address. Please change it to the new address on the form, 1174 Tolkien Lane, Jacksonville, FL 32225. Thank you in advance.

A handwritten signature in black ink, appearing to read 'Barbara Cabe', with a stylized, cursive script.

Barbara Cabe  
White Dove Apothecary LLC  
(904) 772-5049  
[thewhitedoveapothecary@gmail.com](mailto:thewhitedoveapothecary@gmail.com)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WHITE DOVE APOTHECARY 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:

BARBARA T. CABE

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Name of Person

Firm/Company
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1174 TOLKIEN LANE  
Address

JACKSONVILLE, FL 32225

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City/State and Zip Code

barbaracabe6@gmail.com

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E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA CABE                      at (904) 772-5049


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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

**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: WHITE DOVE APOTHECARY LLC

2. (a) 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**)

1174 Tolkien Lane

1174 Tolkien Lane

JACKSONVILLE, FL 32225

JACKSONVILLE, FL 32225

12/14/2022

L22000524982

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
UNITED STATES CORPORATION AGENTS INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

476 RIVERSIDE AVE

JACKSONVILLE, FL 32202

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

BARBARA T. CABE

**NEW Registered Office Address:**

1174 TOLKIEN LANE

JACKSONVILLE, FL 32225

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.

Barbara Cabe  
Signature of a member or authorized representative of a member

BARBARA T. CABE

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.*

Barbara Cabe  
Signature of Registered Agent