

L24 0000 78158



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

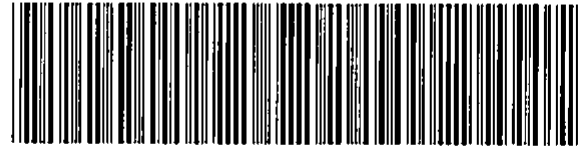
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



900427373399

04/10/24--01017--001 **25.00

04/10/24 14:00:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPRAK LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABHA SHRIVASTAVA
Name of Person
SUPRAK LLC
Firm/Company
1100 Lee Wagener BLVD #344
Address
Fort Lauderdale, FL 33315
City State and Zip Code
abharushi06@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ABHA SHRIVASTAVA 312 5023917
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$0.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

PRAX LLC

If Changing Registered Agent, Signature of New Registered Agent

Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Authorized Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Abha Shrivastava	1100 LEE WAGENER BLVD STE 344	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

1 Duplicate

Not Needed



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2024

CORPORATION SERVICE COMPANY

SUBJECT: WHITE LABEL CAPITAL, LLC
Ref. Number: L21000069858

RESUBMIT
Please give original
submission date as file date.

We have received your document for WHITE LABEL CAPITAL, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 624A00009157

RECEIVED
2024 APR 30 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION

COST LIMIT : \$25.0

ORDER DATE : 04/30/24

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

CHANGE OF AGENT

NAME: White Label Capital, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
___ ☒ ___ PLAIN STAMPED COPY

CONTACT PERSON: shauna godbolt

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHITE LABEL CAPITAL, 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:

Caroline Lascek

Name of Person

c/o K&L Gates LLP

Firm/Company

210 Sixth Avenue

Address

Pittsburgh PA 15222

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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 LABEL CAPITAL, LLC

2. (a) 710 Springdale Drive (b) 710 Springdale Drive

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Exton, PA 19341

Exton, PA 19341

02/09/2021

L21000069858

3. Date of filing/registration in Florida

4. Document number

5. (a) REGISTERED AGENTS INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4TH N STE 300

ST. PETERBURG, FL 33702

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

James Magee

James Magee - Chief Financial Officer

Signature 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 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.

Shauna Godbolt

Signature of Registered Agent

COVER LETTER

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Division of Corporations

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Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Exton, PA 19341
- (b) 710 Springdale Drive
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Exton, PA 19341
3. 02/09/2021
Date of filing/registration in Florida
4. L21000069858
Document number

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7901 4TH N STE 300
ST. PETERBURG, FL 33702

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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James Magee
Signature of a member or authorized representative of a member

James Magee - Chief Financial Officer
Printed or typed name of signee

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Shauna Godbolt
Signature of Registered Agent