## L24000 19/132

(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:					

Office Use Only



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2024 DEC -4 PM 4: 50

## **COVER LETTER**

	gistration Section vision of Corporations			
SUBJECT	ANTHONY SCOTT WHITE, L	LC		
		Name of Limited	d Liability Company	
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered	Office Change a	and fee(s) are submitted for	filing.
Please retui	rn all correspondence concernin	g this matter to t	he following:	
ANTHONY	SCOTT WHITE			
	Name of Person		. <del></del>	
ANTHONY	SCOTT WHITE, LLC			
	Firm/Company		<del></del>	
148 Thistley	vood Ct.			
	Address			
Tallahassee,	FL 32312			8 : 3
	City/State and Zip Co	de		3374 1020
anthony@ar	morrealty.com			1
E-mai	l address: (to be used for future	annual report no	otification)	
For further	information concerning this ma	tter, please call:		PH 4: 5
Anthony Sco	ott White	850 at (	445-3399 )	SO ATE
	Name of Person	_	Area Code & Daytime	Telephone Number
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314		Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	itions hassee reet, Suite 810
En	closed is a check for the follow	ving amount:		
<b>a</b> 9	\$25 Filing Fee	٥	\$55 Filing Fee & Certified	Сору

## 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.

)	3 Thistlewood Ct. Tallahassee, FL 32312	(b)	(b) P.O. BOX 12365 Tallahassee, FL 32317		
, <u> </u>	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)		
_					
- Ap	oril 23, 2024		4000191132		
, An	Date of filing/registration in Florida athony S White	4.	Document number		
Rei	gistered Agent and Registered Office shown on the re-	cords of the Florida De	ept. of State:		
	rgistered Office Address (MUST BE FLORIDA S 158 Laurelwood Ct.	TREET ADDRESS)			
Ta	illahassee	FL 32308			
	er name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Office addre	<u>m</u>		
_	EW Registered Office Address:		£.		
14	8 Thistlewood Ct.	· · · · · · · · · · · · · · · · · · ·	THE THE TENT		
Ta	ıllahassee	FL	1: 50		
e or owill were a ticles	changes are made, the Florida street address be identical. Or, in the case of a Florida lin	s of the registered on tited liability componers of the limited of the limited liabi	ate of Florida, it is hereby confirmed that after office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided ility company.  y Scott White  Printed or typed name of signee		

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00

Anthy Sunt Signature of Registered Agent