## M200000093Z0

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O SIMMONS FEB 1 9 2021

## 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. 1	Name of the limited liability company: WHITE CAP B	UYER, L	LC	
2. (a	375 PARK AVE., 18TH FLOOR	(	375 PAR b)	K AVE., 18TH FLOOR
(u	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NEW YORK, NY 10152	_	NEW YOU	RK, NY 10152
	10/16/2020		M2000000	9320
3.	Date of filing/registration in Florida	4.		Document number
5. (a	C T CORPORATION SYSTEM			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRES	<u>S)</u>	2021
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION F	L_33324		7
(b	)			
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ac	ldress:	
	Corporation Service Company			r:\ -
	NEW Registered Office Address:			
	1201 Hays Street			-
	Tallahassee F	32301		_
chant agent was/v the at	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	e register iability co of the lin	ed office and ompany, it is nited liability	If the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	nature of a member or authorized representative of a member	Jill	Cilmi, Autho	rized Person
Sigi	nature of a member or authorized representative of a member			Printed or typed name of signee
provi the o to me	why accept the appointment as registered agent and ages ions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act e perform ed for in ( hereby c	t in this cape ance of my c Chapter 605 onfirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed he limited liability company has been
Signa	ture of Registered Agent			