M21000002534

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(200,000 2,000,000,000,000,000,000,000,00				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





900441951559

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607

850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscqlobal.com

Ext: x62969 Date: 02/10/25 Order #: 1820698-4

Re: White Road Capital LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

20 December

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	White Road Capital LLC	1	bility Company
	Name of L	imited Lia	binty Company
Dear Sir or N	Aadam:		
The enclosed	Registered Agent/Registered Office Cha	ange and fo	ec(s) are submitted for filing.
Please return	all correspondence concerning this matt	er to the fo	llowing:
Michael J. M			
	Name of Person		_
Schenck, Pri	ice, Smith & King, LLP		_
	Firm/Company		
220 Park Av			_
	Address		
Florham Par	k, NJ 07932		
	City/State and Zip Code		_
mjm@spsk.d	com address: (to be used for future annual rep	port notific	ation)
iman	address. (to be used for ruture annual rep	ort notific	ation)
For further in	nformation concerning this matter, please	call:	
Michael J. M	Marotte, Esq. at (973) 539-1000
	Name of Person		Area Code & Daytime Telephone Number
Mai	ling Address:		Street Address:
	istration Section		Registration Section
Divi	sion of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
Tall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	losed is a check for the following amou	nt:	
□ \$2	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. N	Jame of the limited liability company: White Road Cap	oital LLC	
2. (a)	27-01 Queens Plaza North, Suite #802, Long Island City, NY 111	01 (b) 27-01 C	Queens Plaza North, Suite #802, Long Island City, NY 1110
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/05/2021	_	0002534
3.	Date of filing/registration in Florida	4.	Document number
5. (a			<u></u>
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of :	State:
	1200 S Pine Island Road		
	Registered Office Address	<u>ADDRESS)</u>	2025 F
	Plantation, FL	33324	2025 FEB 10
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	FILED 2025 FEB 10 AM 10: 21 ALLAHASSEE, FLORIDA
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee FL	_32301	
chang agent was/v the ar	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered office ability company, of the limited liab limited liability o	and the business office of the registered it is hereby confirmed that the change(s) oility company or as otherwise provided in company.
	ris Mudaciju Sattife of a member or authorized representative of a member	Boris Mushe	Printed or typed name of signee
I her provi the oi to me	eby accept the appointment as registered agent and agrissions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. I held in writing of this change.	ee to act in this c performance of n d for in Chapter t vereby confirm th	vanacity. I further agree to comply with the
Signa	ture of Registered Agent		

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