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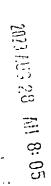
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
MAIC MAIC
(Business Entity Name)
(Oddiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM AUG Z 9 2023



NECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

850-245-6051

FROM Me

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 8/28/2023 PRIORITY Regular Approval OUR REF # (Order ID#) 1175202

ORDER ENTITY___

WHITMORE MANUFACTURING, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: WHITMORE MANUFACTURING, LLC (FL)	
File the attached change of agent document	
NOTES: \$25.00 Authorized	-

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, August 28, 2023 Page 1 of 1

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	Whitmore Manufacturing, LLC							
Name of Limited Liability Company								
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Office	Change ar	nd fee(s) are submitted for filing.					
Please	return all correspondence concerning this n	natter to th	e following:					
Debor	ah Reeves							
	Name of Person							
TMF (JSA Inc.							
	Firm/Company							
80 SW	8th Street, Suite 2900							
	Address							
Miami	i. FL 33130							
	City/State and Zip Code							
cosec(@tmf-group.com							
1	E-mail address: (to be used for future annual	report no	tification)					
For fu	rther information concerning this matter, plo	ease call:						
		at ()					
	Name of Person	\ <u></u>	Area Code & Daytime Telephone Number					
	Mailing Address:		Street Address:					
	Registration Section		Registration Section					
	Division of Corporations		Division of Corporations					
	P.O. Box 6327		The Centre of Tallahassee					
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following an	nount:						
	\$25 Filing Fee	۵	\$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.

2. (a)			(b)				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limit			
	930 Whitmore Drive		5420 Lyn	idon B Johnson Fwy,	Suite 50)()	
	Rockwall, TX 75087		Dallas, T	X 75240		· -	
	03/10/2022		M2200000	3649			
3.	Date of filing/registration in Florida	4.		Document numbe	r		
5. (a	,						
(a	Registered Agent and Registered Office shown on the record Corporation Service Company	ls of the Flor	ida Dept, of Sta	ate:		2023 AUG 28	
	Registered Office Address (MUST BE FLORIDA STRE	_		î.Ui	<i>ូ</i> កូ		
	1201 Hays Street					28	
	Tallahassee	, FL ³²³⁰¹		_	`		2 j
				_		h!! 8:	اليب اليب
(b)	·			_	٠,	05	
	Enter name of NEW Registered Agent and/or NEW Registered	ered Office	address:				
	Universal Registered Agents, Inc.						
	NEW Registered Office Address:						
	1317 California Street						
	Tallahassee	, FL 32304					
		, rl		<u> </u>			
chang agent was/w the ar	limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membericles of organization or the operating agreement of	the registed liability ers of the 1	ered office a company, it imited liabili	nd the business officies hereby confirmed ity company or as of	ce of th I that th	ie registe ie chang	ered c(s)
	Stillium.		Luk	e Alverson, Secr			
-	ature of a member or authorized representative of a member			Printed or typed nam	_		
provis the ol- to me.	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comp pligations of my position as registered agent as prov rely reflect a change in the registered office addres, ed in writing of this change.	l agree to a lete perfor vided for it s, I hereby	nct in this cap mance of my 1 Chapter 60 1 confirm that	pacity. I further agy eduties, and I am fa 15, F.S. Or, if this d t the limited liability	ree to c miliar ocumei compa	omply w with and at is bein any has	rith the Laccept 1g filed been
	Will Huser	.					
Signat	ture of Registered Agent						