P02000047315

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Dubinoso Linky Marrie)		
(Document Number)		
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Special Instructions to Filing Officer:		
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RAChange 10/24/03

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: White Dog Enterprises, Ivc. (Name of corporation)	<u>s</u>
DOCUMENT NUMBER: \$0200047315	<u></u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for	filing.
Please return all correspondence concerning this matter to the following:	
A.E. Bougneaux (Name of person)	
(Name of person)	·
	b ·
White Dog Enterprises Inc. (Name of firm/company)	· ·
O (Name of Intercompany)	i
8149 MONARCH DRIVE	i -
(Address)	<u> </u>
	ŧ
Pont Richey, Il 34668 (City/state and zip code)	: :
(City/state and zip code)	:
For further information concerning this matter, please call:	1
A.E. Boudpeaux = at (727) 88	: 58-889
(Name of person) (Area code & day	time telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.	,
Enclosed is a \$55,00 eneer made payable to the Department of State.	<u>!</u> :
Mailing Address:Street AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Section	ction porations
Tallahassee, FL 32314 Tallahassee, FL	, 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 62 change is submitted for a corporation organized up			
to change its registered office or registered agent, a	•		in order
		•	
1. The name of the corporation: Lehite	Dog Enter	rprises, I	uc.
2. The principal office address: 7923 u	5 Hishway 1	9	
Post Richey 71 346	67		
3. The mailing address (if different):			
- 	-		
4. Date of incorporation/qualification: 4/26/	Document num	iber: <u>P0200</u>	2047315
5. The name and street address of the current registresistance Florida Department of State:	ered agent and registered of	ffice on file with the	
·		•	
Jeanne Caken		<u> </u>	-
17221 Thomas	Blod.		
Hudson II 34	668	: است	() O
			型 a n
6. The name and street address of the new registere (if changed):	d agent (if changed) and /or	r registered office	温るド
		1	總一里
A.E. Brudge	Auf	<u>i</u>	上記名主
8149 Manage			
Λ —	ersonal mailbox NOT acceptable)	t *	13,24 G
Post Richey,	71 34668		-
The street address of its registered office and the changed will be identical.	street address of the busine	ess office of its registe	red agent, as
Such change was authorized by resolution duly at the board, or the corporation has been notified in	dopted by its board of dire writing of the change.	ectors or by an officer:	so authorized by
Change 1 Sport	· Je.A	UNE CAKEA	Secretar
(Signature of an officer or director)		(Finned of typed name and t	(ife)
I hereby accept the appointment as registered age I further agree to comply with the provisions of a duties, and I am familiar with and accept the obli being filed merely to reflect a change in the regist been notified in writing of this change.	ent and agree to act in this Il statutes relative to the pi igation of my position as re iered office address, I here	s capacity. roper and complete pe egistered ageni. Or, ij eby confirm that the co	rformance of my this document is proration has
0 P A . 0	nı	2 3	~~
(Signature of Registered Agent)	M	My B (Date)	3
If signing on behalf of an entity:		; ;	
(Typed or Printed Name)		(Capacity)	

* * * FILING FEE: \$35.00 * * *