

P13000045268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

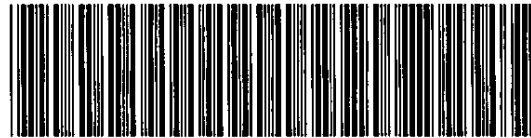
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2016 DEC 12 PM 3:40

DEC 13 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: White Sand Builders
Name of Corporation

DOCUMENT NUMBER: P13000045268

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:

Scott Walsh

Name of Contact Person

White Sand Builders Inc.

Firm/Company

482 Rubens E.

Address

Nokomis/Florida 34275

City/State and Zip Code

scott@whitesandbuilders.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Walsh

Name of Contact Person

at (239) 285-2377

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: White Sand Builders Inc.
2. The principal office address: 482 Rubens E., Nokomis Florida 34275
3. The mailing address (if different): P.O. Box 111543 Naples, Fl. 34108
4. Date of incorporation/qualification: 5/21/13 Document number: P13000045268

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Scott Walsh

190 14th ave, nw Naples Florida 34120

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Scott Walsh

482 Rubens E. , Nokomis Florida 34275

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

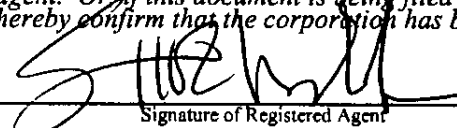


Signature of an officer or director

President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

12/8/2016

Date

If signing on behalf of an entity:

Scott Walsh

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

2016 DEC 12 PM 3:40

SECRETARY OF STATE
DIVISION OF CORPORATIONS