## P13000091157

(Red	uestor's Name)	
(Add	lress)	
(Add	Iress)	
(0)	10	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

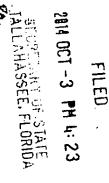
Office Use Only



700262288517

10/03/14--01006--008 \*\*35.00

PA



DP 10/14

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: WHITE ROCK CARE INC  Name of Corporation		
DOCUMENT NUMBER: P / 300009 / 157		
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:		
LUIS A- CONTES  Name of Contact Person		
WHITE KOCK CARE INC		
2609 NE 14TH AVE SUITE SOI Address		
OAILCAND PARIL FL 33334 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
CUIS A- CONTES at (954) 789-1911  Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Street Address:		
Mailing Address: Street Address: Amendment Section Amendment Section		
Division of Corporations  Division of Corporations		
P.O. Box 6327 Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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 <b>FLONIDA</b> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: WHITE NOK CANE INC
2. The principal office address: 2609 NE 14TH AUR SUITE SUI OHICHNO VANIC, EL 33334
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 11/06/2013 Document number: P1300091157
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)
CONPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD # 215 0
PALM BEACH GALDENS, FL 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LUIS A. CONTES
2609 NE 14 THE SUITE SOI BE 23
OHKCHND PANK, FL 33334
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.
Luis A. Cost  LUIS A-CONTES DINECTON  Signature of an officer or director  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.
Lus A. Cord Signature of Registered Agent  O(1/2014  Date
If signing on behalf of an entity:
Typed or Printed Name

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