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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: John BAKRET White PA
DOCUMENT NUMBER: 4 14 00000 5 12 9
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:
BAKKY Withe Name of Contact Person
Firm/Company 629 Calle Dell AtoNo Address
SAKASOTA 7/A. 34247 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Area Code & Daytime Telephone Number Area Code & Daytime Telephone Nu

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Jahn BAKKETI White PA
2. The principal office address: 629 Colle Del Ofono
SAKA50H 7/34242
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/16/2014 Document number: 1400000 5129
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)
CARPORATION SERVICE COMPANY
1201 HAYS STREET
TAILA HASSEE, 71. 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
P.O. Box NOT acceptable P.O. Box NOT acceptable SIENSON J. 34242 28
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.
John B. White Flesselen To Minted or typed name and title Pike To N
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.
Signapore of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

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

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