

PIA000 090 560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

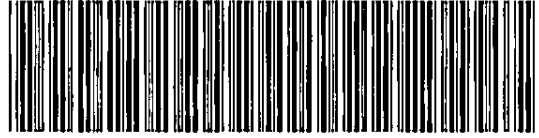
(Business Entity Name)

(Document Number)

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Secy. of State
TALLAHASSEE, FL

SEP 20 2019
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: White Horse Line Inc
Name of Corporation

DOCUMENT NUMBER: P14000090560

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:

Lissjennyfer Alvarez
Name of Contact Person

White Horse Line Inc
Firm/Company

27902 SW 134th ct
Address

Homestead FL 33032
City/State and Zip Code

whitehorselineinc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lissjennyfer Alvarez at (786) 503 9114
Name of Contact Person 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: White Horse Line Inc
2. The principal office address: 125 NE 11th st Cape Coral, FL 33909
3. The mailing address (if different): 27902 SW 134th ct Homestead, FL 33032
4. Date of incorporation/qualification: 11/05/14 Document number: P14000090560

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)

Oswaldo Perdomo
125 NE 11th st
Cape Coral, FL 33909

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

Lissjennyfer Alvarez
125 NE 11th st
Cape Coral, FL 33909

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SECTION 607.0502, 617.0502, 607.1508, 617.1508, FLA. STAT.

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: [Signature]
Printed or typed name and title: Oswaldo Perdomo

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: [Signature]
Date: 09/05/19

If signing on behalf of an entity:

Typed or Printed Name

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