

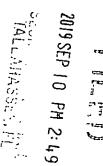
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## **COVER LETTER**

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:
Lissjenny for Alvarez.  Name of Contact Person
White Horse Line Inc
27902 SW 134th ct
Homestead FL 33032 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lissienry Fer Alvasez at (786) 503 9114  Name of Contact Person at (786) 503 9114  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  Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

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 Horse Live Inc  2. The principal office address: 125 NE 11th St  Cape Coral Fl 33 909  3. The mailing address (if different): 27902 SW 134th Ct  Homestrood Fl 33032  4. Date of incorporation/qualification: 11 05/14 Document number: P140009054  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)  Osvalo Perdomo  125 NF 11th St  Cape Coral Fl 33909  6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed):  Lissicant Florida Agent
1. The name of the corporation: White Horse Line Inc  2. The principal office address: 125 NE 11th St  Cape Cora, FL 33999  3. The mailing address (if different): 27902 SW 134th Ct  Homestead FL 33032  4. Date of incorporation/qualification: 1105/14 Document number: P1400005V  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)  OSVALA PER DOMO  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):  PO Box NOT acceptable  Cape Coral FL 33909  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 poart of the corporation has been notified in writing of the change.  Pull do Lead MM  Frinted or hipsel name and fulle
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: 105/14 Document number: 100000055  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)  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 of (if changed):  125 NE 11th St  Pro. Box NOT acceptable  Cape Coral, FL 33909  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.  Publication of the popularie and title  Printed or typed name and title
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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.
Moares 09/05/19
Signature of Passified Areat
If signing on behalf of an entity:

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