## P15000046630

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



400278533794

10/28/15--01001--007 \*\*35.00

RACharle



OCT 27 2015 A RAMSEY

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: White Stag Realty Inc.  Hame of Corporation
DOCUMENT NUMBER: \$\frac{15000046630}{}\$
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:
Stan Wisneski Name of Contact Person
Name of Contact Person
White Strag Realty Inc
Firm/Company
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
State Wisneski at (561) 252-9975  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

ţ

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

statement of change	visions of sections 607 is submitted for a cor	poration organ	ized under t	he laws of the	State of <u>F</u>	OFIFA	
in order to	change its registered	office or registe	ered agent, c	or both, in the	State of Florid	da.	
1. The name of the c	corporation:	Litestag	Ren	17, Inc		<u> </u>	
2. The principal offi	ce address: 225	South	PRN F	31vp 5	VITE 1	<u> 2 - </u>	<del></del>
	West	Palm	BONCH	, FL	33405		
3. The mailing addre	ess (if different):						
4. Date of incorpora	tion/qualification:	5/20/201	5 Docu	ment number:	P1500	0046	630
	eet address of the curr ent of State: (If resigne			gistered office	on file with th	ie	
•	Dogo	Kiely		<i>,</i>			
	301	Clematic	5 57	3000		n.3	
	lv 95]	Pala	, Bene	L FL	3340	ZINS OCT	
6. The name and stre (if changed):	eet address of the new	registered age	nt (if change	d) and /or reg	ristered office	726	FILED
	STAN	1 W151	veski_			)本 - 5.	
	225	Southe. P.O. Box NOT	en Blu	D 102		F 51	
		1 PAI					
The street address of as changed will be i	of its registered office			/		istered a	gent,
Such change was at authorized by the be	athorized by resolutionard, or the corporation	on duly adopted on has been no	l by its board tified in wri	d of directors ting of the ch	or by an offic ange.	er so	
Signature of	election of director		STAN	Wisnesh	name and title	ioen T	
Lhereby accent the	appointment as regis popply with the provis duties, and I am jami ocument is being filea the corporation has	tered agent an ions of all stati liar with and a l merely to refl been notified in	d noree to a	er in this can	aeitv		
Signature	e of Registered Agent			Date	Ů		_
If signing on behalf	of an entity:						
Typed	or Printed Name	·					

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