## P1600058117

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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of 312012023

## **COVER LETTER**

7 . . .

TO: Amendment Section Division of Corporations			
SUBJECT: White Horse Realty Group, Inc. Name of Corporation			
DOCUMENT NUMBER: P16000058117			
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning thi			
Claudia D. Gentile			
Name of Contact Person			
White Horse Realty Group, Inc.			
Firm/Company			
775 Flanders Q			
Address	<del></del>		
Delray Beach, FL 33484			
City/State and Zip Code			
ClaudiaG@WhiteHorseReal	ityGroup.com		
E-mail address: (to be used for future annua:	al report notification)		
For further information concerning this matter,	please call:		
Claudia Gentile	at (561 ) 376-3816 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	e Department of State.		
Mailing Address: Amendment Section	Street Address:		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1 The name of t	he corporation: White Horse Realty	Group, Inc.
2. The principal	office address: 775 Flanders Q. Del	ray Beach, FL 33484
3. The mailing a	ddress (if different):	
4. Date of incorp	ooration/qualification: 7/7/2016	Document number: P1600005817 P16000058117
	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	73 Saxony B	
	Delray Beach, FL 33446	2023 J
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office
	Delray Beach, FL 33484	O. Box NOT acceptable
		depted by its board of directors or by an officer so en notified in writing of the change.  Claudia D. Gentile, President
Signatu	re of an officer or director	Printed or typed name and title
l furthér agrée i of my duties, an document is bei	the appointment as registered age to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
	yped or Printed Name	

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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