


<h1 style="margin:0;">DOCUMENT # P94000002639</h1> <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 80%;"><p>1. Entity Name R.O. WHITE & COMPANY, INC.</p></div><div style="width: 15%; text-align: center;"></div></div>			
Principal Place of Business 2550 EISENHOWER BLVD SUITE 308 FT. LAUDERDALE, FL 33316 US		Mailing Address P.O. BOX 13426 FT. LAUDERDALE, FL 33316 US	
2. Principal Place of Business		3. Mailing Address 1200 Hanken Blvd - 8th FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WILMINGTON, HI	
Zip	Country	Zip	Country
		07086	USA
6. Name and Address of Current Registered Agent			
WHITE, ROYAL O JR 2000 S BAYSHORE DR #7 MIAMI, FL 33133			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad	
10. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> Delete	11.
NAME	WHITE, ROYAL O		
STREET ADDRESS	2000 S. BAYSHORE DRIVE, #7		
CITY - ST - ZIP	MIAMI, FL 33133		
TITLE	S	<input checked="" type="checkbox"/> Delete	
NAME	WHITE, JOANNE M		
STREET ADDRESS	2000 S. BAYSHORE DRIVE, #7		
CITY - ST - ZIP	MIAMI, FL 33133		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			