

L03000037617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

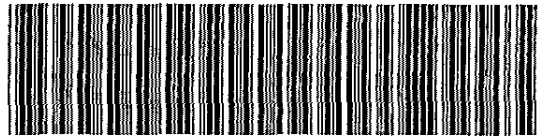
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellington The Magazine, LLC
(Name of corporation)

DOCUMENT NUMBER: L03000037617

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:

Kim Fialkow
(Name of contact person)

Wellington The Magazine, LLC
(Firm/Company)

26 Bermuda Lake Dr
(Address)

Palm Beach Gardens, FL 33418
(City/state and zip code)

For further information concerning this matter, please call:

Kim Fialkow at 561, 626-7692
(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
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 25, 2004

KIM FIALKON
WELLINGTON THE MAGAZINE, LLC
26 BERMUDA LAKE DR.
PALM BEACH GARDENS, FL 33418

SUBJECT: WELLINGTON THE MAGAZINE, LLC
Ref. Number: L03000037617

We have received your document for WELLINGTON THE MAGAZINE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is an LLC. Enclosed is the proper form for your company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 204A00061287

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TALLAHASSEE, FLORIDA

10/1/04

Please issue a \$10 refund to
Wellington The Magazine
26 Bermuda Lake Dr
PBB, FL 33418

Thank you

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Wellington The Magazine LLC.
 2. The mailing address of the limited liability company is: 26 Bermuda Lake Dr.
Palm Beach Gardens, FL 33418
9/22/03 L03000037617
 3. Date of filing/registration in Florida
 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Kim Fialkow
 Name
15791 Cedar Grove Ln
 Address
Wellington, FL 33414
 City, State and Zip

6. The name and address of the new registered agent and/or office:

Kim Fialkow
 Name
26 Bermuda Lake Dr.
 Florida street address (P.O. Box NOT acceptable)
Palm Beach Gardens, FL 33418
 City, State and Zip

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 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
 (Signature of a member or authorized representative of a member)

Kim Fialkow
 (Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 (Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314