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ECCRETARY OF STATE
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J. BRYAN

JUN 22 2011

**EXAMINER** 



ACCOUNT NO. : 12000000195

REFERENCE

AUTHORIZATION (

COST LIMIT : \$ 25.00

ORDER DATE: June 21, 2011

ORDER TIME : 1:18 PM

ORDER NO. : 819302-003

CUSTOMER NO: 7833477

## CHANGE OF AGENT

NAME: WELLS GLOBAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

## STĂTEMENT 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. Name of the limited liability company: WELLS GI	LOBAL, LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 4540 Preslyn Drive Raleigh, NC 27616
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	A540 Preslyn Drive Raleigh, NC 27616
10/12/2010	M10000004510  4. Document number  the records of the Florida Dept. of State:
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is

Maureen Cathell, Authorized Person

(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.

By:

By: (Signature of Registered Agent) Sylvia Queppet, Asst. VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**