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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CUMMINGS & LOCKWOOD, LLC

Account Number : 102336001100

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Phone Fax Number

r (239)430-3344

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> REGISTERED AGENT CHANGE WELLMAN FAMILY LIMITED PARTNERSHIP

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## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership 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 undersigned limited partnership or limited liability limited partnership:

## WELLMAN FAMILY LIMITED PARTNERSHIP

- 2. Date of filing/registration in Florida: 7/6/2005
- 3. Document Number: A05000001304
- 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JAMES R. NICI, ESQ. NICI LAW FIRM, P.L. 1185 IMMOKALEE ROAD, SUITE 110 NAPLES, FL 34110

5. The name and Florida street address of the new registered agent and/or office:

CLASP INC. 3001 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES, FL 34103

6. Such change(s) is/are effective when filed by the Florida Department of State.

WELLMAN ENTERPRISES, LLC, General Partner

F. Selby Wellman, Jr., Manager

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 an accept the obligations of my position as registered agent.

CLASP INC.

William N. Horowitz, Vice President