-2010000,14717 700 Eleventh Street South Penthouse II Naples, FL 34102 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time ☐ Certified Copy ☐ Will wait ☐ Mail out ☐ Photocopy Certificate of Status **AMENDMENTS NEW FILINGS** ☐ Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Domestication ☐ Dissolution/Withdrawal Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Limited Partnership Fictitious Name Reinstatement Trademark Other **Examiner's Initials**

CR2E031(7/97)

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: RUSHEN LLC. 2. The mailing address of the limited liability company is: 700 ELEVENTH ST.S. 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: SOUTHWEST Address City, State and Zip 6. The name and address of the new registered agent and/or office: 700 ELEVENTH ST. S. PHIL Florida street address (P.O. Box NOT acceptable) FL 34102 City, State and Zip 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. WELLINCTON SHIELD TRUSTEES (WZ) LT) (Signature of a member or authorized representative of a member) T-K. 4 TYRRELL (Printed or typed name of signee) - DIRECTOR 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 thereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. FOR SON BEHALL OF (Signature of Registered Agent) T. K-W DARRELL- DIRECTOR WELLINGTON SHIELD SERVICES LTD INC

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

INHS18(10/99)