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Examiner's Initials

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 t	he limited liability	company	y is: <u> </u>	4ELD	LLC	
2. The mailing a	ddress of the limit	ed liabilit	y company is :	700	ELEVENTY	AVES.
PH2	NAPLES.	FC.	34102		·	
	· · · · · · · · · · · · · · · · · · ·	••	-		000003026	
3. Date of filing/	registration in Flor	rida		4. Docun	nent number	

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

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

If the limited liability confirmed that after t 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.

$(-) \circ $	authorized representative of a member) WELLINGTON SHIERD TRUSTERS (N2) AD
	WELLINGTON SHIELD TRUSTICE (12)
(Signature of a member or	authorized representative of a member)
	-t
<u>T.K. 4</u>	VPREL
(Printed or typed name of	fignee) DIRECTOR
I hereby accept the	appointment as registered agent and agree to act in this capacity. I further agree to
compiv with the prov	ASSOTIS OF ALL STATUTES RELATIVE TO THE DRODER AND COMPLETE DEPTORMANCE OF MV AUTLES.
Chapter 608 F S	ill and accept the obligations of my position as registered agent as provided for in This dogument is being filed to merely reflect a change in the registered office
address, I hereby con	nfirm that the funited habitity company has been notified in writing of this change.
	VIT OR & ON BEHOLE OF
(Signature of Registered A	
(Signature of Registered A	genity Jeneral July INC.
D	ivision of Corporations, P.O. Box 6327, Tallahassee, FL 32314
	FILINC FFF+ \$25.00

INHS18(10/99)

LIING FEE: 323.00

ck #1021