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NEW FILING	<u>s</u>	AMENDMENTS	
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other			of R.A., Officer/Director egistered Agent Vithdrawal
OTHER FILI	<u> </u>	REGISTRATIO	N/QUALIFICATION
Annual Report Fictitious Name		☐ Foreign ☐ Limited Partr ☐ Reinstatemen ☐ 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: MILLRACE LL C.
2. The mailing address of the limited liability company is: 700 ELEVENTU 57 S.
PH2 NAPLES FLORIDA 34102
FEB /57 2002 L0200003035 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:
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: SHARON W STITES Name 700 11 STREET SOUTH PA2 SST - TO Address NAPLES FL 34402 City, State and Zip 6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:
WELLINGTON SHIELD SERVICES LTD INC. Name 700 11 5TREET SOUTH Ph 2 Florida street address (P.O. Box NOT acceptable)
MAPLES 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. FOR A ON BEHALF OF WELLIAMS OF SIGNAL OF CONTRES (NZ) LT
(Printed or typed name of signee)
5.25G0K
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 donfirm that the limited liability combany has been notified in writing of this change.
(Signature of Registered Agent) WOLLINGTON S HIGH SERVICES INC.
Division of Communities - D.O. D. COOF M. N. J

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

INHS18(10/99)

FILING FEE: \$25.00