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COVER LETTER

Division of Corporations						
SUBJECT: Wellington Vacations, LLC (Name of Limited Liability Company)						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning	g this matter to the following:					
Bernard Feldman						
(Name of Person)						
World Trade Towers, LLC (Firm/Company)						
5635 Oakmont Ave. (Address)						
Hollywood, Florida 33312 (City/State and Zip Code)						
For further information concerning this mat	tter, please call:					
Bernard Feldman	at (954) 712-9555					
(Name of Person)	(Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following	ing amount:					
	☐ \$55 Filing Fee & Certified Copy					

TO: Registration Section

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. Name of the limited liabili	ty company: Wellington V	acations, LLC	
2. (a) Principal office addres (Note: MUST BE S'		pany: <u>5635 Oakmont Ave.</u> <u>Hollywood, Florida 33312</u>	E
(b) Mailing address of lim (Note: MAY BE PO	nited liability company: ST OFFICE BOX)		SECRETAL ANA
06/01/2005		L05000053838	SSEL S
3. Date of filing/registration	in Florida	4. Document number	FIST = D
5. (a) Registered Agent and	Registered Office shown	on the records of the Florida De	30 C
Registered Agent:		Frank Diaz	>
Registered Office Add	dress:	3400 Coral Way Miami, Florida 33145	
NEW Registered Age	ent:	NEW Registered Office addre Bernard Feldman 5635 Oakmont Ave. Hollywood, Florida 33312	<u>ss</u> :
that after the change or change office of the registered agent hereby confirmed that the chaliability company or as other limited liability company. (Signature of a member or authorized of the change of the chan	ges are made, the Florida s will be identical. Or, in t ange(s) was/were anthoriz wise provided in the article representative of a number	the laws of the State of Florida, street address of the registered on the case of a Florida limited liabited by an affirmative vote of the es of organization or the operation	it is hereby confirmed ffice and the business lity company, it is members of the limited ng agreement of the
confirm that the limited liabil	ity company has been not	nd agree to act in this capacity. e proper and complete performa tion as registered agent as prov t a change in the registered offi tified in writing of this change.	ce aaaress, 1 nereby
Divisio 🗸	n of Corporations, P.O.	Box 6327, Tallahassee, FL 323	314

FILING FEE: \$25.00