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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporati	ons	
SUBJECT: SHEAF	R HOLDINGS WELLING Name of Limited Liab	
	Name of Similer Bla	only Company
Dear Sir or Madam:		
The enclosed Registered Age	nt/Registered Office Change and for	ee(s) are submitted for filing.
Please return all corresponden	ce concerning this matter to the fo	llowing:
JACQUELINE SH	EAR	
Name	of Person	_
SHEAR HOLDIN	IGS WELLINGTON LLC	_
Firm	Company	
701 N Ocean B	lvd	_
Add	dress	
Delray Beach, f	FL 33483	
City/State	and Zip Code	_
sheari@l	pellsouth.net	
E-mail address: (to be us	sed for future annual report notification	ation)
For further information conce	rning this matter, please call:	
JACQUELINE SHE	 AR at (917) 847 3995
Name of Pers	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corpora		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 323	14	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
Enclosed is a check to	or the following amount:	
☎ \$25 Filing Fee	\$55	Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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	Ma	me of the limited liabi	lity company: SHFA	R HOL	DING	S WFI	LINGTON	ПС		
1.		701 N Ocean Blvd 1	N Ocean Blvd	11102	<u> </u>	701 N	Ocean Bivd 1	N Oc	ean Bl	vd,
2.	(a)	Delray Beach, FL 3			(b) _		Beach, FL 33			 .
		•	lress of limited liability compan TBE STREET ADDRESS)	y:		N	Mailing address of l (Note: MAYBE		-	• •
		,								
					_					
					-					
		LANULA DV 44	2006			1.060	00005700			
3.		JANUARY 18 Date of filing	registration in Florida	4			00005792 Document num	ber		
٥.		Ŭ		·	•					
5.	(a)	FRANKEN, C	HAHLES D stered Office shown on the reco	ede of the U	larida IX	ant of State				
							•			
			H PINE ISLAND RD			3		ce.	22	
		Registered Office Address	<u> MUST BE FLORIDA STE</u>	<u>ŒET ADDI</u>	<u>RESS)</u>			N.C.	2022 OCT -1	
									DCT	# E
		PLANTAT	ION	. FL		33324		AHASEFFIFE	1	
				_, ,			•	SS.	PM	
	(b)	JACQUELINE	SHEAR					71.	ယ္	1
	• /	Enter name of NEW Regis	tered Agent and/or NEW Regi	stered Offi	ce addn	ess:		三,	: 08	
									Φ.	
		701 N Ocean E	₿lvd							
		NEW Registered Office A	ddress:							
		DELRAY	BEACH	_, FL	33	3483				
16.	ha li	mitad liability aampan	v is not organized under the	ha lawe of	ftha St	ate of Flo	rida it is hereb	v confi	rmed t	hat after the
cha	ıngc	or changes are made, t	the Florida street address of	of the regi	stered	office and	the business of	ffice of	f the re	gistered
age	ent w	vill be identical. Or, in	the case of a Florida limit firmative vote of the mem	ted liabilit bers of the	ty com	pany, it is ed liability	hereby confirm	ed tha	t the ch	nange(s) rovided in
			the operating agreement of						р.	07. 404 III
		Hucanh	Hon			JA	CQUELINE	SHE	EAR	
-5	ignat	ure of a member or authoriz	pli representative of a member	_		-	Printed or typed n	ame of s	signee	
P3 P/	ashi a'i.	ave of all etatutae valat	ent as registered agent an ive to the proper and com	mioto mart	CEMAN	00 M mn d	hilioc and Lam	tamili	ar wiith	and accent
the	obli	igations of my position	as registèred agent as pro the registèred office addre	ovided for	in Che	apter 605.	F.S. Or, if this	docur	ment is	being filed
noi	tified	ny reflect a change in i I in wrifing of this char	ne segimerca ojjice adare Re 112	ss, i heret	oy canj	arm mulli	не иниса наон	ny cor	нумпу і	NGD DECH
		/ July /h	Din	_						
Sig	natui /	e of Registered Agent								
	0	/ Div	ision of Corporations• I FILI	P.O. Box NG FEE:			see, FL 32314			

INHS18 (2/14)