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FE LANASSEE, FLORID

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Velcome Life Sec (Name of Limited	d Liability Company)	 _	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted i	for filing.	
Please	return all correspondence concerning this m	natter to the following:		
	John Welcom. (Name of Person)			
	Welcone Life Securities	s, LL	07. SEC	water (
	301 Yamato Road (Address)	Suite 1190	07 JUN 18 P SECRETANT L ALLAHASSEE	Large and a large
	Bcca Raton, FL (City/State and Zip Code)	3343/	PH12: 00	
For fu	rther information concerning this matter, ple	ase call:		
	Name of Person) at (561 862-0244 (Area Code & Daytime To	elephone Nur	nber)
	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 amount:				
	\$25 Filing Fee	\$55 Filing Fee & Certified (Сору	

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:	Welcome Life Souther, LLC
2. The mailing address of the limited liability co	
•	Sute 1190 Boca Ratent
03-27-66 3. Date of filing/registration in Florida	190000 21834 4. Document number
Florida Department of State:	stered office address as shown on the records of the
·	Name Ays Street Address hase FL 32301 State and Zip
Florida street address	SS: 8
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent with the change of the registered agent with the reg	under the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization
(Signature of a member or authorized representative of a member of a member of signature of the complex accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability (Signature of pregistered Agent)	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, s of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00