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SECKEJAN DE PHIZ: NO ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Welcome Life Broke (Name of Limit	teage, LLC ited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
John Welcom (Name of Person)			
Welcome LFe Brokerage, (Firm/Company)	O7 JUN SECRE 1. TALLAHA		
301 Yanato Road - Svit	e 1190 SSEE		
Boca Raton, FL 33431 (City/State and Zip Code)	7 JUN 18 PH 12: n2 ECRETARY SE STATE LAHASSEE, FLORIDA		
For further information concerning this matter,	please call:		
John Welcon at (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 a	mount:		
\$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 provision liability company submits agent, or both, in the State	is of sections 608.416 the following statemen of Florida	or 608.308, Floriaa Sid It in order to change its	registere	ed office of	r registered	
1. The name of the limited	d liability company is:	Welcome Cfe	Bicke	age Li	10	
2. The mailing address of	the limited liability car	many is : 301 Yaa	nate R	cad -	Suite 1190	
2. The manning address of	the fiffice hadnity con	Baca Ra	ton. F	4 334	13/	
6-29-06	- H	L0600				
3. Date of filing/registrati						
5. The name of the registe Florida Department of S	States			ie records (of the	
		Name Street Address FL 3230/ State and Zip		SECRE IF	E (
6. The name and address of				SSE SSE	***************************************	
	John Weld			PH.		
	301 Yamal	ame Read - Suite	1190	PH 12: N3		
		(P.O. Box NOT accepta	ble)	Þ.	,	
	Baca Raton	FL 3343/				
	City, St	ate and Zip				
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authority).	tange or changes are mathe registered agent will be confirmed that the nited liability company of the limited liability	ide, the Florida street add I be identical. Or, in the change(s) was/were author or as otherwise provided company.	dress of the case of a norized by	ne registere Florida lir an affirma	ed office mited ative vote	
John Welcom		,				
(Printed or typed name of signee)	1					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ag s of all statutes relative d accept the obligations his document is being fi that the limited liability	rent and agree to act in to to the proper and compo of my position as regist led to merely reflect a co company has been noti	his capac lete perfo ered ager hange in i fied in wr	ity. I furth rmance of it as provid the register iting of thi	er agree to my duties, ded for in red office s change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00