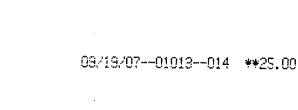
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WELLINGTON BARN II, LLC (Name of Lin	nited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Mario G. de Mendoza, III, Esq. (Name of Person)	
Mario G. de Mendoza, III, P.A. (Firm/Company)	
12765 Forest Hill Boulevard, Suite 1302	
(Address)	
Wellington, Florida 33414	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
Mario G. de Mendoza, III, Esq.	at (561) 784-2930
(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	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 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	Wellington Barn II, LLC	·
2. The mailing address of the limited liability of	company is : c/o Mario G. de Mendoza,	, III, P.A.,
12765 Forest Hill Boulevard, Suite 1302, Wellingto	on, FL 33414	
November 17, 2006	L06000111464	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered agent ag	istered office address as shown on the	records of the
Harold L. Lewis		
	Name	
2 South Biscayne B		1
Miami, FL 33131	Address	97 AE
	, State and Zip	CFR SE
6. The name and address of the new registered agent and/or office:		SEP 19 AM 11:58 CRETANT OF STATE LAHASSEE, FLORID
Mario G. de Mendo	za, III, P.A	ms e
12765 Forest Hill Bo	Name ulevard, Suite 1302	FLO
Florida street addres	ss (P.O. Box NOT acceptable)	58 NTE RIDA
Wellington	FL 33414	_
City,	State and Zip	_
If the limited liability company is not organized confirmed that after the change or changes are rand the business office of the registered agent we liability company, it is hereby confirmed that the office the members of the limited liability company or the operating agreement of the limited liability. (Signature of a member or authorized representative of a member of of a me	made, the Florida street address of the vill be identical. Or, in the case of a F is change(s) was/were authorized by a y or as otherwise provided in the artic ty company.	registered office Florida limited an affirmative vote
Robert Potamkin, Manager		
(Printed or typed name of signee)	•	•
- ASTANOS MA TIL	agent and agree to act in this capacity we to the proper and complete perform ns of my position as registered agent filed to merely reflect a change in thi ity company has been notified in writi	v. I further agree to nance of my duties, as provided for in e registered office ing of this change.
	CO. Box 6327, Tallahassec, FL 3231 NG FEE: \$25.00	14