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	(Reques	stor's Name		
	(Addres	s)	 	
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	(City/Sta	ate/Zip/Pho	ne #)	· · · · · · · · · · · · · · · · · · ·
PICK-U	P [] WAIT		MAIL
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	(Docum	ent Numbe	r)	
Certified Copies		Certificate	es of Stati	.is

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations					
	VA/EL LINIC)TON		IA OEMEN	UT IIIO	
SUBJ				NAGEMEN		
	Name of	Limited	Liab	ility Compar	ıy	
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered	Office (Chang	e and fee(s)	are submitted for filin	g.
Please	e return all correspondence concerning	g this m	atter t	o the followi	ng:	
	Alison Cook					
	Name of Person					
	Ferrante & Associates					
	Firm/Company			•		
	126 Prospect Street				•	ı
	Address					
	. T					
	Cambridge, MA 02139					
	City/State and Zip Code					
	laf@ferranteandassociates.c	com)			
E.	-man address: (to be used for future annual report	Hommeane	111)			
For fu	rther information concerning this man	tter, plea	ase ca	11:	:	
	Alison Cook	at (617)	868-5000	
	Name of Person	_ `	•	Area Code & I	Daytime Telephone Number	
	STREET/COURIER ADDRESS:		М	AILING AD	ndrss.	
	Registration Section			egistration Sec		
	Division of Corporations			vision of Cor		
	Clifton Building			O. Box 6327	, , , , , , , , , , , , , , , , , , , ,	
	2661 Executive Center Circle			llahassee, Flo	orida 32314	
	Tallahassee, Florida 32301					
	Enclosed is a check for the following	ng amo	unt:			
	\$25 Filing Fee		S	55 Filing Fe	e & 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. Name of the limited liability company:WELL	INGTON MANAGEMENT, LLC			
2. (a) Principal office address of limited liability compan	y: 2950 NORTH 28TH TERRACE			
(<u>Note: MUST BE STREET ADDRESS</u>)	HOLLYWOOD FL 33020			
(b) Mailing address of limited liability company:	2950 NORTH 28TH TERRACE			
(Note: MAY BE POST OFFICE BOX)	HOLLYWOOD FL 33020			
12/22/2008	L08000116290			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	National Corporate Research, Ltd.			
Registered Office Address:	515 EAST PARK AVENUE			
	TALLAHASSEE FL 32301			
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:			
NEW Registered Agent:	ANTHONY A. KALLICHE			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2950 NORTH 28TH TERRACE			
(MOST BE TEORIDA STREET ADDRESS)	HOLLYWOOD ,FL33020			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability compans. Signature of a member or authorized representative of a member	laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote rwise provided in the articles of organization y.			
Michael Natale	ARYY Sary			
Printed or typed name of signee	_ 			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compar	agree to act in this capacity. Hurther age to oper and complete performs be of my duties, osition as registered agent as provided for in erely reflect a change in the egistered office by has been notified in writing of this change.			
Signature of Registered Agent Anthony A. Kalliche				

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

INHS18 (05/08)