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AIT PLUS CONSULTING

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Division of Corporations

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L09000047523

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AIT PLUS CONSULTING
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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
WILLFER FINANCIAL PRODUCTS & BUSINESS SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	635.00

\$ 25.00

J. BRYAN

FEB 24 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellfer Financial Products & Business Services, LLC
Name of Corporation

DOCUMENT NUMBER: L09000047523

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wellington Vasconcelos

Name of Contact Person

Wellfer Financial Products & Business Services, LLC

Firm/Company

8421 S. Orange Blossom Trail, Suite 102

Address

Orlando, FL 32809

City/State and Zip Code

wellington@wellfergroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcelo Pinheiro

Name of Contact Person

at (

407

) 582-9830
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wellfer Financial Products & Business Services, LLC
2. The principal office address: 8421 S. Orange Blossom Trail, Suite 102
Orlando, FL 32809
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/15/2009 Document number: L09000047523
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Wellington Vasconcelos5728 Major Blvd., Suite 268Orlando, FL 32819

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Wellington Vasconcelos8421 S. Orange Blossom Trail, Suite 102P.O. Box NOT acceptableOrlando, FL 32809

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Wellington Vasconcelos
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

02/22/2010
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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