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## LLC REGISTERED AGENT CHANGE WELLINGTON PARK, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

I. No	ame of the limited liability company: Wellington Par	k, LLC							
2. (a)	No Change		(b) No Change						
2. (11)	Principal office address of limited fiability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited fiability company:  (Note: MAY BE POST OFFICE BOX)						
3.	10/26/2010  Date of filing/registration in Florida	4.	1.100001114	77 Document number					
5. (a)	Pierce, Robert								
ν. (u)	Registered Agent and Registered Office shown on the records Ausley Law Firm								
(b)	Registered Office Address (MUST BE FLORIDA STREE  Post Office Box 391	T ADDRES	<u> </u>	4:					
	TALLAHASSEE	FL. <u>32302</u>		2 <b>021 C</b> SECT ALL A					
	C T Corporation System			## <b>#</b> # # # # # # # # # # # # # # # # #					
(0)	Enter name of NEW Registered Agent and/or NEW Register	FILED 13 A							
	1200 South Pine Island Road		FILED  2021 DEC   3 AM 10: 34  SEPHE DAN OF STATE FALL AHASSEE, FLORIDA  2						
	NEW Registered Office Address:		34 Ripa						
	Plantation	FL. <u>3332</u> 4							
the cha agent was w	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member celes of organization or the operating agreement of the content	of the replication of the replication of the limited	istered office company, it is mited liability liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.					
Signature of a member or authorized representative of a member  Amber Gabrie									
I here provis the ob- to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- ely reflect a change in the registered office address, d in writing of this change.  C I Corporation System  C Registered Agent	ite perfor ded for n Thereby	et in this cape nance of my c Chapter 605, confirm that i olden, Assistan	nties, and I am jamittar with and accept F.S. Or, if this document is being filed he limited hability company has been					

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 **FILING FEE: \$25,00**