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## **COVER LETTER**

TO: Registration Section Division of Corporation					
151V131011 01 Corporation	10				
Wellworth Plum SUBJECT:	mbing LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agenty	Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence	e concerning this matter to the following:				
	1				
Gregory R. Bassett					
Name c	of Person				
Wellworth Plumbing LLC	•				
Firm/C	<del>i</del> ompany				
2700 Davis - Davis					
2789 Devine Road					
Addr	ess 				
Fort Pierce, Florida 34981					
City/State	and Zip Code				
wellworthplumbingllc@gm	ail.com				
E-mail address: (to be use	d for future annual report notification)				
For further information concern	ing this matter, please call:				
Gregory R. Bassett	772 579-2462				
Name of Persor	Area Code & Daytime Telephone Number				
STREET/COURIER A	ADDRESS: MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporation					
Clifton Building	P.O. Box 6327				
2661 Executive Center (Tallahassee, Florida 32)	i e e e e e e e e e e e e e e e e e e e				
Enclosed is a check for	 rithe following amount: 				
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

## 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

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Fort Pierce, Florida 34981  2-18-2013  3. Date of filling/registration in Florida 5. (a) Gregory R. Bassett Registered Office Address 1016 Antilles Ave Fort Pierce Friend name of signee	1. Na	ame of the limited liability	wellworth Plum	nbing l	LC	
Principal office address of limited liability company: (Nate: MIST RE STREET ADDRESS)  Fort Pierce, Florida 34981  2-18-2013  Date of filling/registration in Florida  3. Date of filling/registration in Florida  5. (a)  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address  1016 Antilles Ave  Fort Pierce		Ĭ	• •	(b)	2789 D€	evine Road
2-18-2013  L 13000024684  3. Date of filing/registration in Florida 4. Document number  5. (a) Gregory R. Bassett  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address 1016 Antilles Ave  Fort Pierce  FL 34982    Fort Pierce   FL 34982	2. (a)	- 1		_ (0		
3. Date of filing/registration in Florida 4. Document number  Sregory R. Bassett  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address  1016 Antilles Ave  Fort Pierce  Full P		Fort Pierce, Florida	34981	_	Fort Pier	ce, Florida 34981
3. Date of filing/registration in Florida 4. Document number  Segory R. Bassett  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address  1016 Antilles Ave  Fort Pierce  FL 34982  NEW Registered Office Address:  2789 Devine Road  Fort Pierce  FL 34981  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registeragent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided the articles of organization or the operating agreement of the limited liability company.  Greg R. Bassett  Frinted or typed name of signee				_		
Gregory R. Bassett  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address 1016 Antilles Ave  Fort Pierce  Full Bassett  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address: 2789 Devine Road  Fort Pierce  Full Bassett  Full Bassett  Friend of typed name of signee		2-18-2013		I	L1300002	24684
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address 1016 Antilles Ave  Fort Pierce FL 34982  (b) Gregory R. Bassett Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address: 2789 Devine Road  Fort Pierce FL 34981  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, lithe Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided the articles of organization or the operating agreement of the limited liability company.  Signature of a sember or authorized representative of a member  Printed or typed name of signee	3.	Date of filing/re	gistration in Florida	4.		Document number
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Fort Pierce						3
Fort Pierce		NEW Registered Office Addr	ess:			
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fit to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.	provisi the obl to mer	ions of all statutes relative ligations of my position as ely reflect a change in the	e to the proper and complete po pregistered agent as provided ; pregistered office address, I he	e to act erforma for in C reby co	in this cape ince of my o hapter 605 infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
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