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COVER LETTER

TO:	Registration Section Division of Corporations					
SHRU	B Welch Mangement, LLC					
5000	Name	Name of Limited Liability Company				
Dear S	ir or Madam:					
The er	nclosed Registered Agent/Registered Offi	ce Change and fee	e(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the fol	lowing:			
rad	Welch					
	Welch Name of Person					
B Welch Management, LLC						
	Firm/Company					
1096	i1 Burnt Mill Rd. Unit 712					
	Address					
Jack	sonville, FA 32256					
	City/State and Zip Code		•			
	e@insight-mgmt.com					
	E-mail address: (to be used for future ann	ual report notifica	ition)			
For fu	orther information concerning this matter.	please call:				
Kelli	e Walker	912 at (644-7561			
	Name of Person		Area Code & Daytime Telephone Number			
	Registration Section Regi Division of Corporations Divi Clifton Building P.O.		LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314			
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee ☐ 9		□ \$ 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.

. Na	me of the limited liability company: B Welch Ma	anagement, L	LC	
		41 .	Mailing address of limited liability company:	
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	10961 Burnt Mill Rd. Unit 712	60	6001 Chatham Center Drive STE 275 Savannah, GA 31405	
	Jacksonville, FL 32256	Sa		
	04/01/2013	L13000050515		
	Date of filing/registration in Florida	4.	Document number	
(2)	Brad Welch			
(a)	Registered Agent and Registered Office shown on the records	of the Florida Dep	t. of State:	
	Brad Welch			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	1300 Shetter Ave #8103		<u></u>	
	Jacksonville Beach,	32250		
		r		
(b)	Enter name of NEW Registered Agent and/or NEW Register			
	Enter name of NEW Registered Agent and/or NEW Register	red Office address		
	Brad Welch	•	95.	
	NEW Registered Office Address:			
	10961 Burnt Mill Rd. Unit 712		5	
	10301 Burne Will Ped. Office 172			
	Jacksonville,	FL 32256		
the cha agent was/w the art	limited liability company is not organized under the ange 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 icles of organization or the operating agreement of the street of the member in the operating agreement of the street organization or the operating agreement of the operating agreement	laws of the Sta of the registered liability comp rs of the limited	ed office and the business office of the registere any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.	
•	ature of a member or authorized representative of a member		• •	
provis the ob to mer	by accept the appointment as registered agent and sions of all statutes relative to the proper and completions of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	∠> ピン>・マラン> D* ピノ \ D* 日 ↑ 2 / 1 1 1 7 / 7 	0 AT 1911 (1911) BE TOTAL LEMON TANDILLAR WILL CON CONTRACTOR	
Signati	ure of Registered Agent			