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Division of Corporations

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**L16 000136455**

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
WELLINGTON CORPORATE CENTER, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
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**T. CLINE**

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**EXAMINER**

2019 JAN 24 PM 12:41

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Corporate Filing Menu

Help

**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.

1. Name of the limited liability company: WELLINGTON CORPORATE CENTER, LLC
2. (a) 40 EAST 69TH STREET  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
4TH FLOOR  
NEW YORK, NY 10021
- (b) 40 EAST 69TH STREET  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
4TH FLOOR  
NEW YORK, NY 10021
- 07/21/2016 L16000136455
3. Date of filing/registration in Florida 4. Document number
5. (a) JOSEPH E MAGUIRE  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 Corporate Center Way  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 201  
Wellington, FL 33414
- (b) BlumbergExcelsior Corporate Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
155 Office Plaza Drive, 1st Fl.  
NEW Registered Office Address:  
Tallahassee, FL 32301

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 registered agent 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 in the articles of organization or the operating agreement of the limited liability company.

Jonathan P. Rosen  
Signature of a member or authorized representative of a member

JONATHAN P. ROSEN-MANAGER  
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

Berna Hassan  
Signature of Registered Agent

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