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TO:

INHS18 (2/14)

Registration Section

Divis	sion of Corporations				
SUBJECT:	WELLINGTON 11 LLC				
Name of Limited Liability Company					
Dear Sir or M	1adam:				
The enclosed	Registered Agent/Registered Offi	ice Change	and fee(s) are submitted for filing.		
Please return	all correspondence concerning the	is matter to	the following:		
MARY E. 1	TARTER, CPA				
	Name of Person				
FLSV, LLP	•				
	Firm/Company				
777 S. FLA	AGLER DRIVE, SU. 800 W				
	Address				
WEST PAI	_M BEACH, FL 33401				
	City/State and Zip Code				
marybeth.t	arter@flsv.com				
E-mail	address: (to be used for future ann	ual report r	otification)		
For further in	nformation concerning this matter,	please call	:		
MARY E. 1	ARTER, CPA	561	515-6093		
	Name of Person	(Area Code & Daytime Telephone Number		
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Encl	osed is a check for the following	amount:			
☑ \$2	25 Filing Fee	C	\$55 Filing Fee & Certified Copy		

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.

)	00 LAS PALMAS AVENUE	((b) C/O FLSV, LLP	
,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			iling address of limited liability company: Note: MAY BE POST OFFICE BOX)
	(<u></u> ,			AGLER DRIVE, SU. 800 W
W	VELLINGTON, FL 33414		WEST PALM BEACH, FL 33401	
JA	ANUARY 18, 2017		L17000001	4391
	Date of filing/registration in Florida	4.	D	ocument number
CF	RAIG T. GALLE			
	gistered Agent and Registered Office shown on the record	s of the Floric	a Dept. of State:	
13	3501 SOUTH SHORE BOULEVARD			
Re	gistered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>S)</u>	## #
S	UITE 103			
W	/ELLINGTON	, FL_33414		THE TOTAL OF THE PARTY OF THE P
MA	ARY E. TARTER, CPA		-	THE TO C
)	ter name of NEW Registered Agent and/or NEW Regist	ered Office a	ldress:	
)				
Ent	O FLSV, LLP)r
Ent	O FLSV, LLP EW Registered Office Address:			37
Ent Co				3"

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.

STEPHANIË ZU GUTTENBERG Signature of a member or authorized representative of a member 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.

Mary C. Tart Signature of Registered Agent (arter