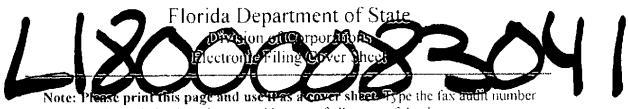
From: Richard York

2/9/22, 9:43 AM

Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Estimated Charge

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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

2022 FEB -9 AH 10: 5

Ξ	Email Address:		
•			,
	LLC REGISTERED AG WELLINGTON #660 MAGNE		.C
.: .:	Certificate of Status	0	
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	Page Count	03	2.0

\$25.00

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Corporate Filing Menu

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Enclosed is a check for the following amount:

☐ \$25 Filing Fee

7

	COVER LETTER					
TO:	Registration Section Division of Corporations		·			
SHRI	WELLINGTON #660 MAGNET PARTNERS, LLC					
SUBJECT:Name of Limited Liability Company						
Dear S	Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Chey	venne Moseley					
	Name of Person					
Lega	alzoom.com, Inc.					
	Firm/Company					
101	N. Brand Blvd., 10th Floor					
	Address					
Glen	dale, CA 91203					
	City/State and Zip Code					
CL	ust email*					
1	E-mail address: (to be used for future and	nual report n	otification)			
For fu	orther information concerning this matter	, please call:				
Chey	venne Moseley	800 at (773-0888 ext 9724			
_	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

□ \$55 Filing Fee & Certified Copy

Signature of Registered Agent

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 #660 MAGNET PARTNERS, LLC						
2	(a)	7621 SW 148 Terr.	,	(b) 19014 SW 17th Ct.			
•	(=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	· <i>·</i> ———	Mailing address of limited liab (Note: MAY BE POST OF		
		Palmetto Bay, FL 33158	_	Miramar	r, FL 33029		
		04/04/2018	_	L1800008	83041		
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)	MAS Corporate Services, LLC					
J.	(4)	Registered Agent and Registered Office shown on the records of	the Flori	In Dept. of State	- c:		
		2525 Ponce De Leon Blvd., Ste. 1225					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		
		Coral Gables	3313	4	-		
		, FL		<u>, </u>	-		
	(b)	UNITED STATES CORPORATION AGENTS	s, INC				
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	_		
		5575 S. Semoran Blvd., Suite 36			<i>-</i>	122	
		NEW Registered Office Address;			•		
						* * * * * * **	
					-	(<u> </u>	
		Orlando . FL	3282	2		-	
the age was the	cha ent v s/we arti izna nerel ovisi obl	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable to authorized by an affirmative vote of the members of cless of organization of the operating agreement of the function of a member or authorized representative of a member oby accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided in writing of this change. [Machine Moselley, Assistant secretars]	the regability of the li limited Lt. ee to a perform d for inhereby	istered office company, it is mited liability liability con iciano Alma ci in this cape mance of my Chapter 603 confirm that	e and the business office is hereby confirmed that they company or as otherwish nearly. ada Printed or typed name of signacity. I further agree to duties, and I am familiar is F.S. Or, if this docume	of the registered he change(s) se provided in nececomply with the with and accept nt is being filed	
		CHEYENNE MOSELEY, ASSISTANT SECRETAR STATES CORPORATION AGENTS, INC	Y, UNITE	.D			