## N'101000001725

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	·== 4 -			
SUBJECT: Wellington E	oread, LLC(Name of corporat	ion)		
DOCUMENT NUMBER: MO	1000001725			
The enclosed Statement of Change o	f Registered Office/Ag	ent and fee are submi	tted for filing.	
Please return all correspondence con	cerning this matter to t	he following:		
Katherine Kirk		ميد		
(Name of perso	n)			
Daland Corporation	÷.			9
(Name of firm/com	pany)	<u> </u>	5. *	品额
PO Box 789950				S SER
(Address)		<u>.</u> .	<u> </u>	20 000
Wichita KS 67278 (City/state and zip o	code)	- ·	· ·	NISION OF 20 PM 3: 1
For further information concerning the	nis matter, please call:			or &
Katherine Kirk (Name of person)	at ( 772 (Area cod	713-3928 e & daytime telephone	number)	
Enclosed is a \$35.00 check made pay	vable to the Departmen	t of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399		<del>*</del> *	

CR2E045(07/02)

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or boin, in the blace	(2) 1 107 Total					
1. The name of the limited	I liability company is: _	_ Well	ington Bread, I	<u>IC</u>	_ :	<u></u> *
2. The mailing address of	the limited liability com	== pany is : _	2414 N. Woodlar	wn #201		
		-	Wichita KS 672	20		; <u>.</u>
July 30, 2001		-	M01000001725	'E	;	
<ol><li>Date of filing/registration</li></ol>	on in Florida		4. Document number	per		
5. The name of the register Florida Department of S		ed office	address as shown or	the records	of the	
<b>.</b>	CT Corporation Sy	ystem		ar f		
	1200 South Pine 1		Road		₩	
	Plantation FL 333	ddress 324 ate and Z	D	ু <del>কা</del>		
6. The name and address o	•	nt and/or o	office:	schmer & N	iurphy :	ĒP.A.
	<del></del>	me		 	3 AUG	影響
	Florida street address (I	P.O. Box	NOT acceptable)		20	SEA.
	Vero Beach	32 FL32	2964	***	P	225
•	City, Stat	e and Zip			بي	SE SE
If the limited liability compositive of that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of	ange or changes are made he registered agent will be by confirmed that the ch liability company or as of the limited liability com	e, the Flor be identica ange(s) w otherwise	rida street address of al. Or, in the case of as/were authorized l	the registere a Florida lin by an affirma	ed office mited ative vot	e of
(Signature of a member or authoriz	ed representative of a member)					
William J. Walsh,	Jr., President		and the second	. ·		<i>'</i> .
(Printed or typed name of signee)		<del></del>				
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm t	itment as registered agen of all statutes relative to accept the obligations o is document is being file hat the limited liability c	nt and agr the prop f my posit d to mere company h	ee to act in this cape er and complete per ion as registered ag ly reflect a change in as been notified in v	icity. I furth formance of ent as provid 1 the register vriting of thi	er agree my dutie led for it red office s change	to 28, 11 e 2.
(Signature of Registered Agent)	<b>?</b>	_ ==	⊭ं चं	- <del></del>	,	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)