CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Will Pick Up

Walk-In _

te Wellington Group, LLC	4000030159244 -10/15/9901051001 ****165.00 *****25.00
	Art of Inc. File LTD Partnership File
S. Filings	Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA-Resignation C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
MJH	Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Search Search Search Search
Signature	Fictitious Owner Search Vehicle Search No. 12 P. 12
Requested by: Name Date Time	Driving Record S

Courier_

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.

1. The name of the limited liability company is: The Wellington Group, LLC 2. The mailing address of the limited liability company is: 1865 Executive Park, Cleveland, Tennessee 37312 October 23, 1996 M9600000416 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
1865 Executive Park, Cleveland, Tennessee 37312 October 23, 1996 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
October 23, 1996 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	· ·
3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	<u>.</u>
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	·
Florida Department of State:	
•	
Donald A. Roark	•
Name	-
601 South Palafox Street	n
Address C 2	n D D
Pensacola, Florida 32573	ন া —
City, State and Zip	
6. The name and address of the new registered agent and/or office:	လ ထုခ
Donald A. Roark 으 중	
Name O 3	Š
1101 Gulf Breeze Parkway, #65_	
Florida street address (P.O. Box NOT acceptable)	-
	-
Gulf Breeze FL 32561	-
City, State and Zip	
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 very the members of the limited liability company or as otherwise provided in the articles of organization the operating agreement of the limited liability company.	ote of
markedulet	
(Signature of a member or authorized representative of a member)	
Mark D. West	
(Printed or typed name of signee)	÷
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my due and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered off address, I hereby confirm that the limited liability company has been notified in writing of this chan (fighture of Registered Agent)	ee to lies, in ice ge.

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

INHS18(10/99)