## N0200009421

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	٠
(Business Entity Name)	
(Document Number)	•:
Certified Copies Certificates of Status	•
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORID

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## **COVER LETTER**

SUBJECT:	Wellington at Oco Name of Corpo	ee HO	Ą					
DOCUMENT NUMBER:	N02000	000942	21					
The enclosed Statement of Chan	ge of Registered Office/A	gent and f	ee are submit	ted for filing.				
Please return all correspondence concerning this matter to the following:								
	Spencer Sol Name of Contac	omon t Person						
Southwest Property Management Firm/Company								
<del></del>	P.O. Box 78367 Address							
Winter Garden, FL 34778 City/State and Zip Code								
spencerswpm@yahoo.com  E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Spencer So	lomon	at ( 40	7 )	656-1081 me Telephone Number				
Name of Contac	t Person	Area C	Code & Dayti	me Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.								
Amend Division P.O. B	Address: Iment Section on of Corporations ox 6327 assee, FL 32314	Ar Di Cl 26	reet Address: nendment So vision of Co ifton Buildin 61 Executiv Illahassee, F	ection orporations ng e Center Circle				

TO: Amendment Section Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			97.1508, or 617.1508, Flow under the laws of the State	
in orde	r to change its registered	d office or registered	agent, or both, in the State	of Florida.
	he corporation: Wellir	_	<del>,</del>	
2. The principal	office address: 13350	W. Colonial Drive	e, Suite 330	
Winter Ga	rden, FL 34787			
	ddress (if different): P.	O. Box 783367		
Winter G	arden, FL 34778			
4. Date of incorp	ooration/qualification: _	12/06/2002	_ Document number:	N02000009421
	I street address of the curtment of State: (If resign		and registered office on fi	le with the
	Spencer Solomon			
	14443 Prunning W	ood Place		786
	Winter Garden, FL	. 34787		
6. The name and (if changed):	l street address of the ne	w registered agent (if	`changed) and /or registere	THE LED ANG 28 PM SECRETARS SEE. Ad officed SEE.
	Spencer Solomon	·		F STATE
	13350 W Colonial			PART S
	Winter Carden El	P.O. Box NOT acc	eptable	,
	Winter Garden, FL			
The street address changed will	ess of its registered office be identical.	ce and the street add	ress of the business office	of its registered agent,
Such change was authorized by the	as authorized by resolutie board, or the corpora	tion duly adopted by tion has been notified	its board of directors or led in writing of the change	oy an officer so e.
	Langa re of an officer or director	<del></del>	Susan Langa Printed or typed name	
I hereby accept I further agree of my duties, an document is bei corporation but	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to refle s been notified in writin	istered agent and ag issions of all statutes id accept the obligat ct a change in the re g of this change.	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I	y. d complete performance stered agent. Or, if this hereby confirm that the
Sio	nature of Registered Agent		8/5/09 Date	9
	half of an entity:		Jul	
Т	yped or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*