10000/03014

(Re	equestor's Name)			
(Ad	dress)			
(Δd	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

2008 DEC 12 AM 10: 19

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Wellington Drywall of FL II Inc. (Name of Corporation)					
(Name of Corporation)					
DOCUMENT NUMBER: <u>P00000102014</u>					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Otrochora Birlandar					
Stephen Pidgeon (Name of Contact Person)					
(Name of Contact Person)					
Wellington Drywall of FL II Inc.					
Wellington Drywall of FL II Inc. (Firm/Company)					
0.400.144					
9430 Workmen Way					
(Address)					
Fort Myers Florida 33905					
Fort Myers, Florida 33905 (City/State and Zip Code)					
For further information concerning this matter, please call:					
ror further information concerning this matter, please can.					
Inanna Messer at (239) 690-0655					
Joanna Messer at (239) 690-0655 (Name of Contact Person) (Area Code & Daytime Telephone Number	5				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street Address: Amendment Section Amendment Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle					
Tallahassee, FL 32301					

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

statement of cha	ange is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Stati anized under the laws of the State of <mark>Flor</mark> stered agent, or both, in the State of Flori	rida
1. The name of	the corporation: Wellington Drywa	II of FL II Inc	•
2. The principal	office address: 9430 Workmen W	ay	
	Fort Myers, Florida	33905	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/31/2000	Document number: P0000	0102014
	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the	ne
	David Thibault - deceased		Ziggi TALL
	152 Baywood Avenue		REC.
	Longwood FL 32750		12 A
6. The name and (if changed):		ent (if changed) and /or registered office	AM 10: 19 EE, FLORIDA
	Sylvia J. Mes. 320 Hiatt ST		
	(F,O. DOX NOT acceptat	3905	
The street addr	ess of its registered office and the streat less than the streat less th	et address of the business office of its re	gistered agent,
		ted by its board of directors or by an off notified in writing of the change.	
(Signat	ture of an officer or director)	Stephen C Pidgeo (Printed or typed name and title)	<u>n</u>
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent to comply with the provisions of all st nd I am familiar with and accept the o ing filed merely to reflect a change in us been notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and comple bligation of my position as registered a the registered office address, I hereby o ge.	ete performance gent. Or, if this confirm that the
_ July	a Messer	12-8-08	
	ignature of Registered Agent) ehalf of an entity:	(Date)	
	(Typed or Printed Name)		

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