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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Division of Corporations
SUBJECT: Wellington Eigencial Georgian. (Name of Corporation)
DOCUMENT NUMBER: POS 000157362
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:
M'Chael Smalleg (Name of Contact Person)
wellington Financial Grove
(Firm/Company)
2699 Lee Road Suffe 480
(Address)
City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

\Box STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FOCIDE in order to change its registered office or registered agent, or both, in the State of Florida.	_
1. The name of the corporation: Wellington Financial Ocone, Inc.	
2. The principal office address: 2699 Lee Road Suite 480 Winter Pack, EL 32789	
3. The mailing address (if different): Some	_
4. Date of incorporation/qualification: 11/30/05 Document number: P05000157362	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: MICHOLD HOURS SWITE II	
6. The name and street address of the new registered agent (if changed) and for registered office (if changed): Changed C	-
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change. (Signature of an officer or director) (Printed or types name and title)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
(Signature of Registered Agent) (Date)	٠.
If signing on behalf of an entity:	
Michael H- Snalleg	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

(Typed or Printed Name)