

PO7000006633.3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300157967483

RA
Change

09/28/09--01018--020 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 28 AM 9:27

FILED

ROL
9/29/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WealthSpring Corporation
Name of Corporation

DOCUMENT NUMBER: P07000066333

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:

Kenneth Krell
Name of Contact Person

WealthSpring Corporation
Firm/Company

176 Peachtree Circle NE
Address

Atlanta, GA 30309
City/State and Zip Code

Ken@KenKrell.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken Krell at (954) 599-2110
Name of Contact Person Area Code & Daytime Telephone Number

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

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

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WealthSpring Corporation

2. The principal office address: 19195 Mystic Pointe Drive #1503
Aventura, FL 33180

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/5/07 Document number: P07000066333

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

resigned

6. The name and street address of the new registered agent (if changed) and /or registered (if changed):

MK, LLC (c/o Kenneth Krell)

19195 Mystic Pointe Drive #1503

P.O. Box NOT acceptable

Aventura, FL 33180

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

Kenneth Krell, Manager

Printed or typed 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

24 September 2009

Date

If signing on behalf of an entity:

Kenneth Krell

Typed or Printed Name

***** 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)

FILED
2009 SEP 28 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA