P9700007675/

(Re	questor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to I	Filing Officer:	1
		ļ
		!
l		

Office Use Only



400050373754

OS APR 13 AM 8: 16
SECKETARY OF STATE
VALLAHASSEE, FLORID

04/13/05--01008--016 **35.00

Go PA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Wells Brothers Sales, Inc. (Name of corporation)
DOCUMENT NUMBER: P9700076751
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:
Richard Wells (Name of contact person) Wells Brothers Sales, Inc. (Firm/Company)
7750 C.R. 208 (Address)
St. Pugustine FL 32092
For further information concerning this matter, please call:
RICHARD Wells at (904) 940-3592 (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 409 E. Gaines Street Tallahassee, FL 32399

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 FORID A
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Wells Brothers Sales, Inc.
2. The principal office address: 1750 C.R. 208
St. Augustine, FL 32092
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9/1/97 Document number: P9700007675
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Fred H. Steffen
6620 Southpoint Dr. S., #300 E & 3
Jackson v: 11e, FL 32216-0913 28 3 7
ASA -
6. The name and street address of the new registered agent (if changed) and /or registered office \Box \Box \Box \Box \Box \Box \Box
Richaed E. Wells
RA -
7750 C. K. 208 (P.O. Box NOT acceptable)
St. Augustine, FL 32092
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.
Tish and Wells, PRESIDENT (Printed or typed name and alle)
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
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.
Xib Wille Wale
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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