S01975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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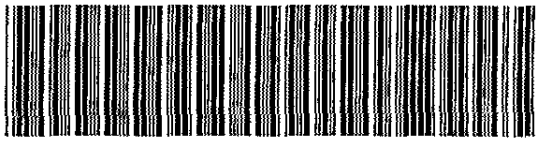

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04 JAN -7 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellspring INSTITUTE INC
(Name of corporation)

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04 JAN -7 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT NUMBER: S01975

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:

(Name of person)

WELLSPRING INSTITUTE INC
(Name of firm/company)

14 BEAVER DAM KNOLL RD
(Address)

Asheville NC 28804
(City/state and zip code)

For further information concerning this matter, please call:

Linda Nemmers at (828, 225-8985 x1
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(09.03)

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 23, 2003

WELLSPRING INSTITUTE, INC.
% LINDA NEWMAN
14 BEAVER DAM KNOLL RD.
ASHEVILLE, NC 28804

SUBJECT: WELLSPRING INSTITUTE, INC.
Ref. Number: S01975

We have received your document for WELLSPRING INSTITUTE, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The current name of the entity is as referenced above. Please correct your document accordingly.

YOU HAVE FAILED TO ENCLOSE THE NEW REGISTER AGENT INFORMATION.

PLEASE RESUBMIT A COMPLETED LEGIBLE FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 703A00068535

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: WellSpring FNC
2. The principal office address: 14 Beaverdam Knoll Rd Asheville, NC 28804
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 9/21/90 Document number: S01975
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Linda S Newman
300 SE 19th St
Ft Laud, FL 33316

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TALLAHASSEE, FLORIDA

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

Linda S Newman
6300 NW 2nd Ave #208
(P.O. Box or personal mailbox NOT acceptable)
Boca Raton, FL 33431

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.

Linda Newman — Linda Newman
(Signature of an officer or director) (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.

Linda Newman — 12/10/03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314