I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ASHLEE WRIGHT

Electronic Signature of Signing Officer/Director Detail

511 CIMAROSA AVE AUBURNDALE, FL 33823 US FEI Number: 46-5536767

Name and Address of Current Registered Agent:

WRIGHT, ASHLEE M 511 CIMAROSA AVE AUBURNDALE, FL 33823 US

Current Mailing Address:

DOCUMENT# P13000089104

511 CIMAROSA AVE AUBURNDALE, FL 33823

Current Principal Place of Business:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ASHLEE WRIGHT

Electronic Signature of Registered Agent

Entity Name: WRIGHT ON TIME EDUCATIONAL SERVICES, INC

Officer/Director Detail :

Title	Р
Name	WRIGHT, ASHLEE M
Address	511 CIMAROSA AVE
City-State-Zip:	AUBURNDALE FL 33823

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

01/18/2018

Date

Date

FOUNDER/ OWNER

01/18/2018

FILED Jan 18, 2018 Secretary of State CC4815212490