

L11000018268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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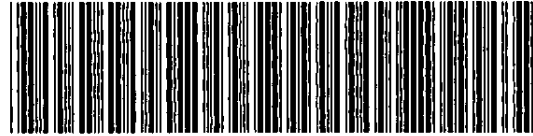
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan Mar 13 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIGHTABILITY, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICKIE PERRON
Name of Person

RIGHTABILITY, LLC
Firm/Company

3598 Ben Lane, STE 101
Address

STOCKTON, CA 95206
City/State and Zip Code

Vickie@RESULTS-CENTER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICKIE Perron at (209) 390-4819
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2013

VICKI PERRON
3598 BEN LANE
SUITE 101
STOCKTON, CA 75206

SUBJECT: RIGHT ABILITY, LLC
Ref. Number: L11000018268

We have received your document for RIGHT ABILITY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 713A00002325

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: RIGHTABILITY, LLC

2. (a) Principal office address of limited liability company: 3598 BEN LANE STE 101
STOCKTON, CA 95206
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 3598 BEN LANE STE 101
STOCKTON, CA 95206
(Note: MAY BE POST OFFICE BOX)

JANUARY 24, 2013
3. Date of filing/registration in Florida

L1100018268
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CORPORATION SERVICES COMPANY

Registered Office Address:

1201 HAYS STREET
TALLAHASSEE, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

INCSMART, FLORIDA, INC.

NEW Registered Office Address:

4865 47TH PLACE

(MUST BE FLORIDA STREET ADDRESS)

VERO BEACH, FL 32967

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

VICKIE L. PERRON

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

David Oliver

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)

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STATE OF FLORIDA