L12000058766

(Req	uestor's Name)	
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	me)
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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December 29, 2017

DESTINY BAYLOR
PARACORP INCORPORATED
2804 GATEWAY OAKS DR #100
SACRAMENTO, CA 95833

SUBJECT: WYATT FINANCE, LLC

Ref. Number: L12000058766

We have received your document for WYATT FINANCE, 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):

FORM MUST CONTAIN CURRENT REGISTERED AGENT IN LINE 5A

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 617A00026315

COVER LETTER

TO: Registration Section Division of Corporations	·	
SUBJECT: WYATT FINANCE, LLC		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Destiny Baylor	1	
Name of Person	•	
Paracorp Incorporated		
Firm/Company		
2804 Gateway Oaks Dr #100		
Address		
Sacramento, CA 95833	ı	
City/State and Zip Code		
paracorp@myparacorp.com	ı	
E-mail address: (to be used for future annual i	report notification)	
For further information concerning this matter, plea	ase call:	
Destiny Baylor	800 533-7272	
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 am	ount:	
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy	
INHS18 (2/14)		

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

riorida.	105 110
Name of the limited liability company: WYATT FINAM 200 SOUTH ORANGE AVE #800	200 SOUTH ORANGE AVE #800
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
ORLANDO, FL 32801	ORLANDO, FL 32801
05/01/2012	L12000058766
3. Date of filing/registration in Florida	4. Document number
5. (a) Ball Corporate Services Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET AD 390 N. Orange Ave., Su	e Florida Dept. of State: DDRESS)
, ,,	32801
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> 155 Office Plaza Drive, 1st Floor <u>NEW Registered Office Address:</u>	ARASSEE, FLORID
Tallahassee ,FL	32301
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of a agent will be identical. Or, in the case of a Florida limited lial was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the light signature of a member or authorized representative of a member. I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I hnotified in writing of this change.	he registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in imited liability company. Anthony W. Justice Printed or typed hame of signee we to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00