

L16000051569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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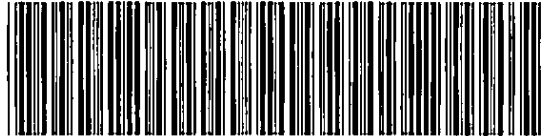
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wright Way Construction Management, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Karey Wright

(Contact Person)

Wright Way Construction Management, LLC

(Firm/Company)

6750 North Andrews Avenue Suite 200

(Address)

Fort Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Karey Wright

954 998-2658
at ()
(Area Code & Daytime Telephone Number)

(Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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.

1. Name of the limited liability company: Wright Way Construction Management, LLC.

2. (a) Wright Way Construction Management, LLC (b) Wright Way Construction Management, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

6750 N. Andrews Ave Suite 200

Fort Lauderdale, FL. 33309

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

6750 N. Andrews Ave

Fort Lauderdale, FL. 33309

11/13/2020

L16000051569

3. Date of filing/registration in Florida

4. Document number

5. (a) Christina Wright

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1920 NW 80th Ave

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Margate, FL. 33063

(h) Christina Wright

Enter name of NEW Registered Agent and/or NEW Registered Office address:

6750 N. Andrews Ave,

NEW Registered Office Address:

Suite 200

Fort Lauderdale, FL. 33309

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]
Signature of a member or authorized representative of a member

Karey Wright

Printed or typed name of signee

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 605, 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]
Signature of Registered Agent

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