

L20000370988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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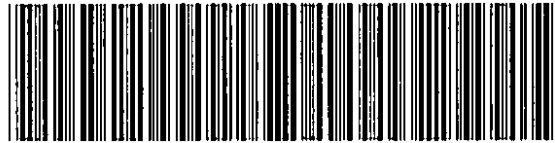
Special Instructions to Filing Officer:

J. HORNE

OCT 31 2022

10/12

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FILED
2022 OCT 12 AM 11:35
SECRETARY OF
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2022

SHAWANDA WRIGHT
3731 NE 7TH STREET
OCALA, FL 34470 US

SUBJECT: CENTER FOR HOLISTIC LEARNING & DEVELOPMENT LLC
Ref. Number: L20000370988

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 722A00021089

RECEIVED

OCT 12 2022

TO: Registration Section
Division of Corporations

SUBJECT: Center for Holistic Learning + Development
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Shawanda Wright
Name of Person

Firm/Company

3731 NE 7th St
Address

Ocala, FL 34470
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
J. Wright @ bbopreschool.net

For further information concerning this matter, please call:

John Wright at (407) 256-9437
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐
- \$25 Filing Fee
- ☐
- \$55 Filing Fee & Certified Copy

**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: Center for Holistic Learning + Development LLC

2. (a) _____
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

3731 NE 7th St
Ocala, FL 34470

(b) _____
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3731 NE 7th St
Ocala, FL 34470

3. 11-24-2020
Date of filing/registration in Florida

4. L20000370988
Document number

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

Northwest Registered Agent LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4th Street N. STE 300
St. Petersburg, FL 33702

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

Shawanda Wright

NEW Registered Office Address:

3731 NE 7th Street
Ocala, FL 34470

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TALLAHASSEE, FL
SECRETARY OF
STATE

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.

Shawanda Wright
Signature of a member or authorized representative of a member

Shawanda 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.

Shawanda Wright
Signature of Registered Agent