120000371027

| (R | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (B | usiness Entity Name) | |
| (Document Number) | | |
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| Certified Copies | Certificates of | Status |
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| Special Instructions to Filing Officer: | | |
| | J. HORNE | |
| | OCT 3 1 2022 | |
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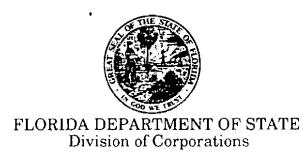
Office Use Only



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September 21, 2022

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

SUBJECT: WRIGHT REALTY GROUP LLC

Ref. Number: L20000371027

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: 522A00021089



COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Wright Real Name of Limited L | Ly Group LL iability 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: | |
| Shawanda Wrl | ght | |
| Firm/Company | _ | |
| 3731 NE 7 th | St | |
| Ocal and Zip Code Address City/State and Zip Code | 4470 | |
| J. Wright @ bhopresch E-mail address: (to be used for future annual report notifi | nool, net | |
| For further information concerning this matter, please call: | | |
| John Wright at 1 407 Name of Person |) 256 9437 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 □ \$3 | ☐ \$55 Filing Fee & Certified Copy | |
| | | |

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

Purquant 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: Mright Realty Group L. (2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE 373) NE 7 th St. 3731 NE 7 th Deala, FL 34470 Deala, FL 34 11-24-2020 L2000037102 | ompany: |
|--|---|
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) NETT St. 3731 NETT St. 3731 NETT St. $Ocala$, FL 34470 $Ocala$, FL 34470 | |
| 3731 NE 7th St. 3731 NE 7th Ocala, FL 34470 Ocala, FL 34 | <u>box</u>) S+ |
| Ocala, FL 34470 Ocala, FL 34 | <u>St</u> |
| | |
| 11-24-2020 L2000037102 | 1470 |
| | 7 |
| 3. Date of filing/registration in Florida 4. 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 (MUSTBE FLORIDA STREET ADDRESS) 7901 4+10 Street N. STE 300 | |
| | |
| St. Petersburg Fr. 33702 | |
| 022 OCT | |
| (b) | -17 |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: | e ten |
| Shawanda Wright NEW Registered Office Address: | 1 |
| NEW Registered Office Address: | U |
| 373) NE 7th Street 5 | |
| Ocala .FL 34470 | Ŀij. |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the change or changes are made, the Florida street address of the registered office and the business office of the register will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the chiwas/were authorized by an affirmative vote of the members of the limited liability company or as otherwise protected articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 company provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to merely reflect a change in the registered office address, I hereby confirm that the limited liability company hereby confirm that the limited liability compa | gistered ange(s) ovided in to with the |

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

Stavanda Signature of Registered Agent