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(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status	_							
Special Instructions to Filing Officer:								
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Special Instructions to Filing Officer:								

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: September 17, 2019

Order#: 873454-345

Re: WRIGHT PROGRAM MANAGEMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX ___ Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

 \overline{XX} Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

I. N	ame of the limited liability company: WRIGHT PROG	RAM MA	NAGEME	NT, LLC			
2. (a)	333 Earle Ovington Blvd.	(b)	220 S	Ridgewood Ave.			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,		dailing address of limite			y:
	Ste. 505	_	Daytona	Beach, FL 32114			
	Uniondale, NY 11553	_					
	10/18/2010		M1000000	04623_			
3.	Date of filing/registration in Florida	4.		Document number		<u> </u>	
5. (a)	CT CORPORATION SYSTEM						
. ,	Registered Agent and Registered Office shown on the records of it	he Florida	Dept. of State	<i>,</i> :		7	
	1200 S PINE ISLAND RD				- :	نت	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			4		
					•	<u> </u>	1
					*.	THE SEPTION AND: 50	
	PLANTATION , FL	33324				15	
71.3	Corporation Consider C					 راي	
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered (Office add				٠.	
		ZIIIC AUII	<u></u> .				
	1201 Hays Street						
	NEW Registered Office Address:						
	Tallahassee	20204					
	, FL_	32301					
ne chai igent w vas/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of t fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of thes of organization or the operating agreement of the li	he registe oility con the limit	ered office ipany, it is ed liability	and the business of hereby confirmed to company or as other	fice of	the regist	tered
	Xie E. agni	Jill Ci	lmi, Authori	zed Person			
Signati	are of a member or authorized representative of a member			Printed or typed name of	f signce		
he obli o mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to act in verformar for in Ch vreby con	n this capa ace of my d apter 605, firm that th	city. I further agree uties, and I am fam F.S. Or, if this doc se limited liability c	to cor liar wi ument ompan	nply with th and ac is being J y has bee	the ccept filed in
Signatur	Ince CKUDIE						
agnatur	of Registered Agent Corporation Service Company	BY: Gra	ce E. Kirb	y, Assistant Vice	Presid	ent	