

(((H20000410360 3)))



H200004103603ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	To:	Division of Cor		-	2020
		rax Number	: (850)617-6380		<u>B</u>
	From:				_ J
		Account Name	: REGISTERED AGENTS INC.	•	
		Account Number	: 120090000081		-
			: (307)200-2803		
			: (855)330-1010	7.	=
-			(444,510 1110	· · , ·	••
رتن				:	£
: **En1	ter the e annual r	mail address for eport mailings.	this business entity to be used for f Enter only one email address please.**	uture *	7
:	Email Ad	ldress:		_	

REGISTERED AGENT CHANGE WRITE HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida in organized under the laws of the State of or registered agent, or both, in the State of .	Florida	
1. The name of	the corporation: Write Holdings, In	nc.		
	office address: 7901 4th St N ST			
St. Petersbu	rg FL 33702			
3. The mailing a	address (if different): 7901 4th St N	N STE 300		
St. Petersb	urg FL 33702			
4. Date of incor	poration/qualification: 01/07/08	Document number: P08000	001973	
	d street address of the current regi rtment of State: (If resigned, enter	istered agent and registered office on file w resigned)	rith the	
	NRAI SERVICES INC		_	
	1200 South Pine Island Ro	oad	20:	
	Plantation, FL 33324		2020 DEC - 1	••••••••••••••••••••••••••••••••••••••
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered of		Hamiltonia Services
	Northwest Registered	Agent LLC	AM II: 4	18-19-1
	7901 4th St N STE 300		47	
		Box NOT acceptable	•	
	St. Petersburg FL 3370	-		
The street addras changed will	ess of its registered office and the be identical.	e street address of the business office of it	ts registered agent	l.
		adopted by its board of directors or by an been notified in writing of the change.	officer so	
KICOL SO	ELLARS	KAY SELLARS		
I hereby accept I further agree performance of agent. Or, if th	to comply with the provisions of "my duties, and I am familiar wit	gent and agree to act in this capacity. all statutes relative to the proper and con h and accept the obligation of my position to reflect a change in the registered offic officed in writing of this change.	uplete n as registered	
lon	Glove	12/01/2020		
•	nature of Registered Agent	Date		
	chalf of an entity:			
Tom Glove	PF Syped or Printed Name			

* * * FILING FEE: \$35.00 * * *