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| (Requestor's Name)                      |                         |
|---|-------------------------|
| (Address)                               | 900                     |
| (Address)                               |                         |
| (City/State/Zip/Phone #)                |                         |
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| (Business Entity Name)                  |                         |
| (Document Number)                       |                         |
| Certified Copies Certificates of Status |                         |
| Special Instructions to Filing Officer: |                         |
| Office Use Only                         | JAN 1 0 2019<br>S YOUNG |

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### COVER LETTER

TO: Registration Section Division of Corporations

ARRINGTON WRIGHT INC.

SUBJECT:

Name of Limited Liability 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:

# **ROZANNA ARRINGTON**

Name of Person

ARRINGTON WRIGHT INC.

Firm/Company

403 N Pinellas Ave.

Address

Tarpon Springs, FL 34689

City/State and Zip Code

#### roziea@greatflorida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

727 623-7581 Rozie Arrington at (\_\_\_\_\_ Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section** Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

## 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 CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. The name of the corporation: A | <b>ARRINGTON WRIGHT</b> | INC |
|-----------------------------------|-------------------------|-----|
|-----------------------------------|-------------------------|-----|

2. The principal office address: 403 N Pinellas Avenue

Tarpon Springs, FL 34689

3. The mailing address (if different):

| 4. Date of incorporation/qualification: 12/18/201 | 7 Document number: P17000099262 |
|---|---------------------------------|
|   |                                 |

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

United States Corporation Agents, Inc.

13302 Winding Oak Court, Suite A

Tampa, FL 33785

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rozanna Arrington

403 N Pinellas Ave

P.O. Box NOT acceptable

Tarpon Springs, FL 34689

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

ignature of an officer or director

CIREGORY WRIGHT Printed or typed name a PRESIDENT

Date

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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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

22119

If signing on behalf of an entity:

| ROZANNA               | ARRINGTON |  |  |  |
|-----------------------|-----------|--|--|--|
| Typed or Printed Name |           |  |  |  |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314