

P93000014661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 21 2017

T. LEMMON

PA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wrightway Consulting, Inc.
Name of Corporation

P93000014661
DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lettie E. Jones
Name of Contact Person
Wrightway Consulting, Inc.
Firm/Company
2909 - 47th Ave. No.
Address
St. Petersburg, FL 33714
City/State and Zip Code
lejones@wrightway-medical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lettie E. Jones 727 577-7544
Name of Contact Person at () Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Wrightway Consulting, Inc.
2. The principal office address: 2909 - 47th Ave. No., St. Petersburg, FL 33714

3. The mailing address (if different): same

4. Date of incorporation/qualification: 02/26/1993 Document number: P93000014661

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)

Attorney

3450 Buschwood Park Dr., Suite 112

Tampa, FL 33618-4517

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

Harold L. Harkins, Jr., Esq.

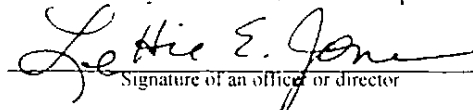
3450 Buschwood Park Dr., Suite 112

Tampa, FL 33618-4517

P.O. Box NOT acceptable

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.


Signature of an officer or director

Lettie E. Jones, President

Printed or typed name and title

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

4.24.17

Date

If signing on behalf of an entity:

Typed or Printed Name

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