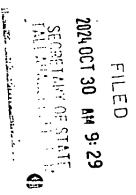
# F0900000 636

, <u>,</u>		
(R	equestor's Name)	
(Ar	ddress)	
(A	ddress)	<u> </u>
	- 10411. GT - 60-	
(C)	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
,-	, ,	
	<u> </u>	
(D	ocument Number)	
Certified Copies	Certificates of	f Status
<del></del>		
Special Instructions to Fili	ing Officer:	

Office Use Only



700438829957





### Sunshine State Corporate Compliance Company

#### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/30/2024			⇔WALK IN⊶
entity name Ride-	Away, Inc.		
DOCUMENT NUMBER	₹		
	**PLEASE FILE T	THE ATTACHED AND RETURN**	
xxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	**PLEASE OBTAIN THE I Certified Copy of Art	FOLLOWING FOR THE ABOVE ENTITY**	
	Certificate of Good Si		
	**APOSTILLE'/	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTIN NUMBER OF CERTIFIC			<del></del>
TOTAL OWED \$35		ACCOUNT #: I2016000007	<u> </u>
		5. R FM	
Please call Tina at	the above number for	any issues or concerns. Thank you s	ro much!

#### **COVER LETTER**

TO:

Amendment Section Division of Corporations

Dida Away Inc	
SUBJECT: Ride-Away, Inc. Name of Corporation	
DOCUMENT NUMBER: F09000000636	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Sharon Urban	
Name of Contact Person	
Harbor Compliance	
Firm/Company	
1830 Colonial Village Lane	
Address	<del></del>
Lancaster, PA 17601	
City/State and Zip Code	<del></del>
surban@harborcompliance.c	0111
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
Sharon Urban	21 ( 717 ) 229-0387
Name of Contact Person	at (717 ) 229-0387  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	inge is submitted for a corpor	02, 517,0502, 607,1508, or 617,7508, Florida Statutes, this ration organized under the laws of the State of
1. The name of t	the corporation: Ride-Away.	Inc.
2. The principal	office address: 4199 Kinross	Lakes Pkwy, Ste 300, Richfield, OH 44286
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: NH	Document number:
5. The name and		registered agent and registered office on file with the
	C T Corporation System	
	8706D E Broadway Avenue	
	Tampa, FL 33619	2024 SEC. FALL
6. The name and (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered office SHAP
	Registered Agents Inc	
	7901 4th St N Ste 300	
	St. Petersburg, FL 33702	P O. Box NOT acceptable
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution one board, or the corporation	luly adopted by its board of directors or by an officer so has been notified in writing of the change.
Bryan B Eve	erett	Bryan B Everett
I hereby accept I further agree to of my duties, an document is bei	ta zaminte with the pravicion	Printed or typed name and title  ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.
David Ro	berta	10/28/2024
	nature of Registered Agent	Date
If signing on be	half of an entity:	
David F	Roberts - Assistant Secretary	
T	yped or Printed Name	<del>-</del>

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