## Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Number : I20090000081

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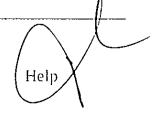
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN THE WILLIAM RYAN GROUP, INC.

Certificate of Status	0
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F24000005131

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION 1 (1-3 MUST BE COMPLETED)

(Docu	ment number of corporation (if known)
THE WILLIAM RYAN GROUP, INC.	
(Name of corporation	as it appears on the records of the Department of State)
<sub>2.</sub> NJ	3 09/30/24
(Incorporated under laws of)	(Date authorized to do business in Florida)
	SECTION II
(4-7 COMPLE	TTE ONLY THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporati	on, when was the change effected under the laws of its jurisdiction 65
incorporation?	<u> </u>
	<u>a. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.</u>
(Name of corporation after the amendment, adding	suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if
not contained in new name of the corporation)	
(If now pages is unavailable in Elevida agree sharmed	
(If new name is unavailable in Florida, emer aiternal	te corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duratic	on, indicate new period of duration. $\overset{\boldsymbol{\omega}}{\sigma}$
	(New duration)
	tives duration;
7. If the amendment changes the jurisdiction of in	cornarytian indicate navy jurisdiction
Trace uncombine changes the jurisdiction of in	corporation, more are new jurisciction.
	(New jurisdiction)
	(New junsuredon)
S. If amending the registered agent and/or registere	and affice address in Classica, anten the many of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
mant of New Regimerta Agent	
<del></del>	(Florida street address)
	•
New Registered Office Address:	, Florida (Zip Code)
	1-7
New Registered Agent's Signature, if changing I	Registered Agent:  . I am familiar with and accept the obligations of the position.
Thereby accept the appointment as registered agent	. I am jametar with and accept the obligations of the position.
Clamater of Var. Burning 1.	A. A. Marian
Signature of New Registered Agei	u, ų changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Title/ Capacity <u>Name</u> Address Type of Action MCNULTY, MICHAEL **PO BOX 340** ∏Add MANASQUAN, NJ 08736 Remove BORRECA, LAURA PO BOX 340 □Add MANASQUAN, NJ 08736 Remove HENDRICKSON, WILLIAM PO BOX 340 □Add MANASQUAN, NJ 08736 Remov HENDRICKSON, ROBERT **DPST** PO BOX 340 ■Add **BETSO LN, NAUGSANAM** Remove  $\square$ Add **⊞Remove** 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) Robert Hendrickson

FILING FEE \$35.00

(Typed or printed name of person signing)

President

(Title of person signing)