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	nuestors Name)				
(Requestor's Name)					
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(Ad	ldress)				
(Address)					
(Cit	ty/State/Zip/Phone	· #)			
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PICK-UP	WAIT	MAIL			
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Certified Copies	Certificates	of Status			
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Special Instructions to Filing Officer:					

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COVER LETTER

, N.

INH\$18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: RYLYD.LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.				
Please return all correspondence concerning this man	tter to the following:				
Ryan Ebling					
Name of Person					
Firm/Company					
3539-A South Fedeeral Highway					
Address					
Boynton Beach, FL 33435					
City/State and Zip Code					
ryan@ryanebling.com					
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, pleas	e cali:				
Ryan Ebling	716 523-9277				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
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 FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. N	ame of the limited liability company: RYLYD.LL	_C		
2. (a)		(h))	
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(<i>0</i> ,	М	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3539 South Federal Highway A		3539 Sou	uth Federal Highway A
	Boynton Beach, FL 33435		Boynton (Beach, FL 33435
	09/09/15	I	_15000153	3926
3.	Date of filing/registration in Florida	4.		Document number
5 (-	UNITED STATES CORPORATION AGE	NTS, INC.		
5. (a)	Registered Agent and Registered Office shown on the record		Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STRE 5575 S. SEMORAN BLVD Suite 36	ET ADDRESS)		
	ORLANDO	, FL_32822		2019 SEC TA
(b)	Ryan Ebling			2019 AUG 29 SEGLIAHAS
(0)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office add	ress:	AUG 29 PM 2: 06
	NEW Registered Office Address:			0 0
	3539 South Federal Highway A			; 6
	Boynton Beach	FL_33435		
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member icles of organization or the operating agreement of	e laws of the s s of the regist d liability cor ers of the limi the limited li	ered office a npany, it is l ted liability	and the business office of the registere hereby confirmed that the change(s) company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provisi the obt	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in viriting of this change.	lete performa	in this capac nce of my du	city. I further agree to comply with the uties, and I am lamiliar with and accer
Signan	ore of Registered Agent			
~ngnau	Together Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00