5/4/23, 11:37 AM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail ∆	ddress:		

LLC REGISTERED AGENT CHANGE RYZIN LLC

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Corporate Filing Menu

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U.M. O. 4. 2023

1/1

To:

	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: RYZIN LLC	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Cheyenne Moseley	•
Name of Person	
Legalzoom.com, Inc.	
Firm/Company	
101 N. Brand Blvd., 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
ryandmcq9@gmail.com	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, plea	ise call:
Cheyenne Moseley	800 773-0888 ext 9724
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 amo	ount:
☐ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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

1. Na	me of the limited liability company: RYZIN LL	.C			
			5)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	pal office address of limited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	9151 NE 12TH CT		9151 NE	12TH CT	
	OCALA, FL 34479		OCALA,	FL 34479	
	01/10/2023		L2300002	21340	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
<i>v.</i> (u)	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENT	the Florid	a Dept. of State	• ::	
	Registered Office Address (MUST BE FLORIDA STREET) 476 RIVERSIDE AVE.	ADDRES	<u>27</u>	•	
	JACKSONVILLE . FI	32202		2023 MAY	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Ryan D McQuary NEW Registered Office Address:	I Office ac	dress:	-4 PH 6:	
	9151 NE 12th Ct			00	
	9151 NE 12th Ct				
	OCALA , FI	34479			
the char agent w was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ure difference or authorized representative of a member	f the regi ability co of the lin limited	stered office ompany, it is tited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in opany.	
provision the oblination mere notified	by accept the appointment us registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I i powriting of this change.	perform od for in hereby c	ance of my o Chapter 605	acity. I further agree to comply with the duties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been	