12/15/2015 17:03 FAX

Division of Corporations



## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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REGISTERED AGENT CHANGE THE RYAN WELLS FOUNDATION, INC.

Certificate of Status	0
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C. CARROTHERS

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## (((H15000296087 3)))

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

	•	502, 607.1508, or 617.1508, Florida Statutes, amized under the laws of the State of Florida	this			
in orde	er to change its registered office or regi	stered agent, or both, in the State of Florida				
1. The name of	the corporation: The Ryan Wells	Foundation, Inc.				
2. The principal	office address: 3636 WOODRID	GE PLACE	····			
PALM H	ARBOR, FL 34684					
3. The mailing	address (if different):					
4. Date of incom	poration/qualification: 09/01/05	Document number: N050000090	16			
	d street address of the current registered runent of State: (If resigned, enter resig	agent and registered office on file with the ned)				
	Cariton Fields Jorden Burt					
	100 S. ASHLEY DR., SUITE 400					
	CREAK	SHE DEC				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	CFRA, LLC		FLORIE	AM IO:		
	100 S. ASHLEY DR., SUITE 400					
	TAMPA, FL 33602	OT acceptable				
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its register	ed agent,			
Such change wa	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officer so office in writing of the change.	<b>,</b>			
Stomet	ure of an officer or director	Printed or typed rising and title		٠		
I hereby accept I further agree performance of agent. Or, if th		nd agree to act in this capacity.  Itutes relative to the proper and complete accept the obligation of my position as regist flect a change in the registered office address	tered s, I			
Chy	J. Surlew	12/15/15	<del></del>			
// / *	half of an entity:	Date				
Joyce F. Be	·			,		
	yped or Printed Name					
	* * * FILING F	EE: \$35.00 * * *				
M CR2E045 (03/12)	MAKE CHECKS PAYABLE TO FL AIL TO: DIVISION OF CORPORATIONS, F	ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314				

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