

P00000108745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

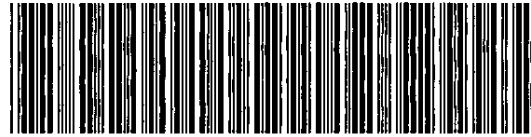
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 MAR 15 PM 4:04

V HERRING
MAR 17 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ryan's Dream, INC
Name of Corporation

DOCUMENT NUMBER: P00000108745

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne Nolin
Name of Contact Person

Ryan's Dream INC
Firm/Company

7820 SW 112 ST.
Address

Miami FL 33156
City/State and Zip Code

Skyhawk 172@netzero.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne Nolin at (305) 812-6240
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ryan's Dream, INC.
2. The principal office address: 7820 SW 112 ST.
Miami FL 33156
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11-22-2000 Document number: P00000108745
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NOLIN, Wayne

7820 SW 112 ST.

Miami FL 33156

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NOLIN, GARY

7820 SW 112 ST.

Miami FL 33156

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X

W.T. Nolin
Signature of an officer or director

X WAYNE T. Nolin, Reg'd Agent
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Gary Nolin
Signature of Registered Agent

03-04-2017
Date

If signing on behalf of an entity:

GARY NOLIN

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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