

PO6000147627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

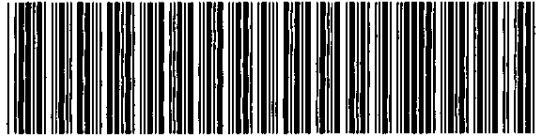
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY -2 AM 9:16

FILED

RD Change
Teller
5-5-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RYAN GREENE INC
(Name of Corporation)

DOCUMENT NUMBER: P 06000147627

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:

RYAN GREENE
(Name of Contact Person)

RYAN GREENE INC
(Firm/Company)

12222 56TH ST
(Address)

TAMPA FL 33617
(City/State and Zip Code)

For further information concerning this matter, please call:

RYAN GREENE at (727) 692-9266
(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

TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

2008 MAY -2 AM 8:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2008

RYAN GREENE
RYAN GREENE INC.
12222 56TH STREET
TAMPA, FL 33617

SUBJECT: RYAN GREENE INC.
Ref. Number: P06000147627

We have received your document for RYAN GREENE INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 508A00021624

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RYAN GREENE INC.
2. The principal office address: 12222 56TH ST TAMPA FL 33617
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11-28-06 Document number: P06000147627
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

RYAN GREENE
12512 EAGLES ENTRY DR
ODESSA FL 33556

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

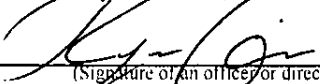
RYAN GREENE
12222 56TH ST N
TAMPA FL 33617

(P.O. Box NOT acceptable)

FILED
2008 MAY -2 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

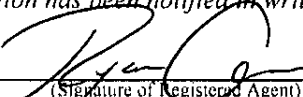
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

RYAN GREENE President
(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.


(Signature of Registered Agent)

4-16-08

(Date)

If signing on behalf of an entity:

(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