

PO70000 49180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

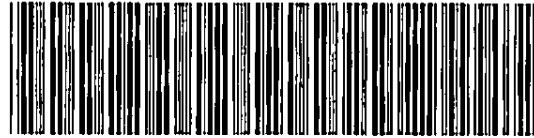
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP 26 PM 5:05
SEC. OF STATE
TALLAHASSEE, FL

OCT 14 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Benryan Software Inc.

Name of Corporation

DOCUMENT NUMBER: P07000049180

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:

Said Ryan Ackley

Name of Contact Person

Benryan Software Inc.

Firm/Company

97 Niemira Ave Apt C

Address

Indialantic, FL 32903

City/State and Zip Code

ryanackley@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Said Ryan Ackley

Name of Contact Person

at (321) 501-3083

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

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Benryan Software Inc.

2. The principal office address: 97 Niemira Ave Apt C Indialantic, FL 32903

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/23/2007 Document number: P07000049180

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)

Said R Ackley

11 Valencia Rd

Rockledge, FL 32955

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

Said R. Ackley

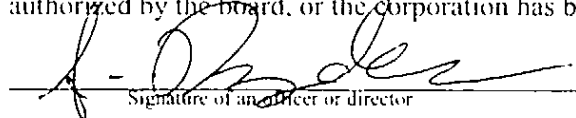
97 Niemira Ave Apt. C

P.O. Box NOT acceptable

Indialantic, FL 32903

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.

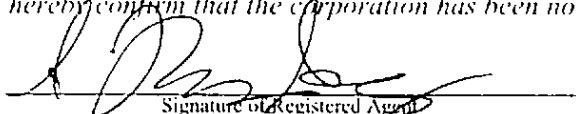


Signature of an officer or director

S. Ryan Ackley 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

9/24/2019

Date

If signing on behalf of an entity:

Said Ryan Ackley

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