P07000131779

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only

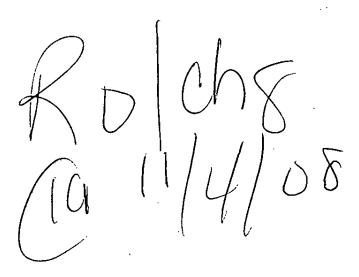


100137349581

11/03/08--01035--002 **35.00

08 NOV -3 PH 3: 45

DIVISION OF BUT TO NO NON -2 BE TARE STATE



COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	лест: Ryan Kibler Inc.	(Name of Corpora	ution)	
DOC	UMENT NUMBER: <u>P07000131</u>	779		
The e	enclosed Statement of Change of Regis	stered Office/Age	nt and fee are submitted for filing.	
Picas	e return all correspondence concerning	g this matter to the	e following:	
		Ryan Kibl		
	(1	Name of Contact F	Person)	
		Ryan Kibler (Firm/Compan	Inc.	
		303 A Haven A	Avenue	
	<u>Gre</u>	en Cove Sprin City/State and Zip	gs, FL 32043 Code)	
For fi	further information concerning this ma	tter, please call:		
	Ryan Kibler (Name of Contact Person)	at (904) 476-3714 (Area Code & Daytime Telephone N	lumber)
Enclo	osed is a \$35.00 check made payable t	o the Department	of State.	
	Mailing Address: Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL.	ocrations	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

TO:

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

statement of chan	ige is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, thi organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	<u></u>
1. The name of th	ne corporation: Ryan Kibler In	oc	
2. The principal o	office address: 303 A Haven	Avenue, Green Cove Springs, FL 32043	
3. The mailing ad	dress (if different):		
4. Date of incorpo	oration/qualification: 12/14/07	Document number: <u>P07000131779</u>	
Florida Departi	ment of State: (If resigned, enter i	tered agent and registered office on file with the resigned)	
ļ	Ryan Kibler		
!	9820 Creekfront Road #80	3	
3	Jacksonville, FL 32256		9
6. The name and (if changed):	street address of the new registers	ed agent (if changed) and /or registered office	OB NOV -3 PA
<u> </u>	Ryan Kibler		ن و ا
<u>:</u>	303 A Haven Avenue, Gre (P.O. Box NOT ac	en Cove Springs, FL 32043 xxptable)	PH 3: #5
The street addres as changed will b	s of its registered office and the	street address of the business office of its registere	
Such change was authorized by the	authorized by resolution duly a board, or the corporation has b	adopted by its board of directors or by an officer so een notified in writing of the change.	
	e of an officer or director)	Ryan Kibler Officer (Printed or typed name and title)	
I hereby accept to I further agree to of my duties, and document is bein		eent and agree to act in this capacity all statutes relative to the proper and complete perf the obligation of my position as registered agent. Co te in the registered office address. I hereby confirm	ormance or, if this that the
	521L	10/28/08	
If signing on beh	ature of Registered Agent)	(Date)	
r aigning on och	an or an onary.		
(Ту	ped or Printed Name)		

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