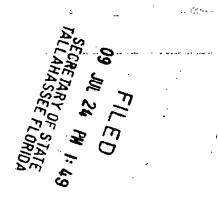
## P080000) 19482

(Requestor's Name)			
(Address)			
,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT ' MAIL			
(Business Entity Name)			
(Document Number)			
. (Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			
Office Use Only			



500158781895

07/24/09--01032--009\*\*\*\*35.00\*



2001V

## **COVER LETTER**

TO: Amendment Division of	t Section Corporations				
SUBJECT:	Ryan Drev Name of C	W, Inc.			
DOCUMENT NU!	мвек: Р08	000079482			
The enclosed Staten	nent of Change of Registered Offic	e/Agent and fee are submitted for filing.			
Please return all cor	respondence concerning this matte	r to the following:			
Ryan Drew Name of Contact Person					
Name of Contact Person					
Ryan Drew, Inc. Firm/Company					
	THINC	ompuny			
5366 Fairfield Way					
Address					
Ft Myer, FL 33919					
City/State and Zip Code					
rddrew2@yahoo.com					
E-mail address: (to be used for future annual report notification)					
For further informat	tion concerning this matter, please	call:			
	Ryan Drew	at ( 239 ) 826-2092			
Nam	ne of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.					
2		,			
	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			

· **TO**:

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

statement of change is submitted for a corporation org in order to change its registered office or reg		
1. The name of the corporation: Ryan Drew, Inc		
2. The principal office address: 5366 Fairfield Wa	y, Ft Myers, FL 33919	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 08/27/0	8 Document number:	P0800079482
<ol><li>The name and street address of the current registered Florida Department of State: (If resigned, enter resigned)</li></ol>		le with the
Ryan Drew		
1137 SE 19	Terr	
Cape Caral, Fl.	33990	
6. The name and street address of the new registered a (if changed):	gent (if changed) and /or registere	CRETAR Ed officeASS
hyan Drew		HOY P
5633 Fair	ield Way	D STA
Ft Myers, F	NOT acceptable 1. 33919	49 IDA
The street address of its registered office and the stream changed will be identical.	eet address of the business office	e of its registered agent,
Such change was authorized by resolution duly ador authorized by the board, or the corporation has been	nted by its board of directors or notified in writing of the chang	by an officer so e.
Signature of an officer or director	Ryan Drew, Printed or typed name	
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the a document is being filed merely to reflect a change in corporation has been notified in writing of this chan	and agree to act in this capacit tatutes relative to the proper an obligation of my position as regi the registered office address, I ge	y, d complete performance stered agent. Or, if this hereby confirm that the
7200	7/20/0	)9
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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