## PD90000002949

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## **COVER LETTER**

то:	Amendment Section Division of Corporations						
SUBJ	ЕСТ:	Ryan S. Cop	ple, P.A.				
DOC	UMENT NUMBER:	P099	000062949				
The e	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 S. Copple  Name of Contact Person							
		rume or con	index i eroon				
		Ryan S. Co					
		Firm/Co	ompany				
	601 Heritage Drive, Suite 222A						
		Add	ress				
		Juniter F	TI 33458				
		Jupiter, F City/State ar	nd Zip Code				
Ryan@RyanCoppleLaw.com  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
	Ryan S. Co	pple	at ( 561 )	623-5466			
	Name of Contact	Person	Area Code & Day	623-5466 vtime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.							
	Amendr Division P.O. Bo	Address: ment Section n of Corporations ox 6327 ssee, FL 32314	Street Addrest Amendment Division of Colifton Build 2661 Execut Tallahassee,	Section Corporations ling ive Center Circle			

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.15 unge is submitted for a corporation organized unde	er the laws of the State o	<sub>of_</sub> Florida
	r to change its registered office or registered agen the corporation: Ryan S. Copple, P.A.	t, or boin, in the state o	ij rioriaa.
	office address: 601 Heritage Drive, Suite 2	22A, Jupiter, FL 33	458
3. The mailing a	address (if different): Same as about	æ)	
4. Date of incorp	poration/qualification: 7/23/09 Do	cument number:	P09000062949
	d street address of the current registered agent and rtment of State: (If resigned, enter resigned)	registered office on file	with the
	Ryan S. Copple		<del></del>
	5500 Military Trail, #22295, Jupiter, FL	33458	
6. The name and (if changed):	d street address of the new registered agent (if char		office   09 OCT -5 PH 12:
	P.O Box NOT acceptable		— HZ: FF
as changed will	ess of its registered office and the street address of be identical.  as authorized by resolution duly adopted by its be board, or the corporation has been notified in		an officer so
I hereby accept	the appointment as registered agent and agree to comply with the provisions of all statutes related I am familiar with and accept the obligation of the first provision of the obligation of the first provision of the first provisi	Printed or typed name at to act in this canacity	nd title
Type	nature of Regist rel Agent	October 1, 2	2009
V	chalf of an entity:	Duc	
Rya	an S. Copple, P.A.		
•	* * * FILING FEE: \$35.	00 * * *	

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