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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Ran Yelvington inc. Name of Corporation	
DOCUMENT NUMBER: P/0000 57/54	
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:	
Name of Contact Person Name of Contact Person Firm/Company 1419 NE 17 Street Address Care Coral, FC 33909 City/State and Zip Code E-mail address: (to be used for future annual report notification)	7
For further information concerning this matter, please call:	
Ryan Velvington at (33a) 357 - 9 Name of Contact Person Area Code & Daytime Telephor	71 d e Number
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

CR2E045 (04-13)

Tallahassee, FL 32314

. 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: Ryan Yelviliston inc.
2. The principal office address: 14/9 NF 17 Street Cape Coral FL: 33909
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number: $P/ooco_{57}$ [5]
5. The name and street address of the current registered agent and registered office on file with the
Charles Yelvington "V.P" (Remove) 1419 NE 17 Street
Cape Coral, 12. 33/09
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jason Goelner V.P
1411 NE 17 Street P.O. Box NOT acceptable
cape Caral, FL. 33909
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.
Printed or type hame and tille
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 Date
If signing on behalf of an entity:
Jason Goelines
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:- CR2E(45) (04/13)