| (Re | questor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Rynerson, Inc. | | | | |
| Name of Corporation | | | | |
| DOCUMENT NUMBER: P13000019386 | | | | |
| 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: | | | | |
| James Rynerson | | | | |
| Name of Contact Person | | | | |
| Rynerson, Inc. | | | | |
| 119 Southeast Parkway Court, Ste 250 | | | | |
| Address | | | | |
| Franklin, TN 37064 | | | | |
| City/State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| James Rynerson Name of Contact Person at (615) 465-604 Area Code & Daytime Telephone Number | | | | |
| Name of Contact Person 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

<u>Street Address:</u> 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

| statement of cha | inge is submitted for a corpora | 12, 617.0502, 607.1508, or 617.1508, Florida Stati ution organized under the laws of the State of Flori e or registered agent, or both, in the State of Flori | da | |
|------------------------------------|--|---|-----------------------------|--|
| | the corporation: Rynerson, | | | |
| 2. The principal | office address: 119 SOUT | HEAST PARKWAY COURT, SUITE | 250 | |
| • | | | | |
| 4. Date of incorp | poration/qualification: 02/28 | 3/2013 Document number: P130000 | 19386 | |
| | d street address of the current retirement of State: (If resigned, en | egistered agent and registered office on file with the terresigned) | ne | |
| | Hubco registered age | ent services, inc | | |
| | 600 Brickell Avenue S | Suite 3500 | | |
| | MIAMI, FL 33131 | | | |
| 6. The name and (if changed): | I street address of the new regi | stered agent (if changed) and /or registered office | 1977 24 1977 24 | |
| | Hubco Registered Ag | ent Services, Inc. | | |
| | 155 Office Plaza Driv | e, 1st Floor | i N | |
| | Tallahassee, FL 3230 | P.O. Box NOT acceptable | i e | |
| The street addre | ess of its registered office and be identical. | the street address of the business office of its reg | gistered agent, | |
| Such change wa authorized by th | as authorized by resolution du ne board, or the corporation ha | ly adopted by its board of directors or by an office as been notified in writing of the change. | eer so | |
| Qama | James M. Rynerson, MD/Pres. Signature of anypticer or director Printed or typed name and title | | | |
| U I hereby accept | the appointment as registered | Printed or typed name and title If agent and agree to act in this capacity, of all statutes relative to the proper and complet with and accept the obligation of my position as a rely to reflect a change in the registered office ad a notified in writing of this change. | e registered dress, I | |
| B-B | 1 Mul | 04/04/2017 | | |
| Sign | nature of Registèred Agent | Date | | |
| _ | half of an entity: | | | |
| | ubbard, Pres. | <u> </u> | | |

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