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COVER LETTER

TO: Amendment Section Division of Corporations

Rytech of Southern Florida, Inc.

Name of Corporation

DOCUMENT NUMBER: P98000074640

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:

Debra Hill

Name of Contact Person

FisherBroyles, LLP

Firm/Company

3832 Baymeadows Way, Suite 325

Address

Jacksonville, FL 32217

City/State and Zip Code

debra.hill@fisherbroyles.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Hill

Name of Contact Person

at (904 612-3780)

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

Street Address:
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	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of <mark>Flor</mark> egistered agent, or both, in the State of Flor	rida
 The name of The principal 	the corporation: Rytech of Sou office address: 1690 Roberts	ithern Florida, Inc. Blvd. W, Suite 120, Kennesaw	, GA 30144
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 09/10/20	Document number: P980000	74640
5. The name and		red agent and registered office on file with t	he
	4600 Touchton Road	_	
	Suite 150, Building 100		9 SE -
	Jacksonville, FL 32246		P ZI
6. The name and (if changed):	d street address of the new registered	I agent (if changed) and /or registered office	P 20 M & 11
	Debra Hill, Esq.		景型 二
	4460 Kincardine Drive		
	Jacksonville, FL 32257	x NOT acceptable	
The street address changed will	ess of its registered office and the st be identical.	treet address of the business office of its re-	gistered agent,
Such change wa authorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an officen notified in writing of the change.	cer so
Welles-	are of an officer or director	William Ryan Printed or typed nature and title	(EO
I hereby accept I further agree performance of	the appointment as registered ager to comply with the provisions of all my duties, and I am familiar with a		registered
		08/19/2019	
وانكر	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Ť	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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