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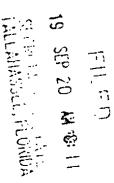
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: RYTECH OF NORTH FLORIDA, INC	•
Name of Corporation	_
DOCUMENT NUMBER: P98000031331	

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

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 char	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or registe	ized under the laws o	f the State of Flor	rida	
The name of the control of the principal of the principal of the control of	he corporation: Rytech of North For office address: 1690 Roberts Blvd	lorida, Inc. d. W, Suite 120	, Kennesaw,	GA 30	0144
3. The mailing ac	ddress (if different):				
4. Date of incorp	poration/qualification: 04/03/1998	Document num	ber: P980000	31331	
	I street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered of			
	4600 Touchton Road		•	F-10 0	ō
	Suite 150, Building 100			AllAs	SEP 2
	Jacksonville, FL 32246				Ŏ .
6. The name and (if changed):	l street address of the new registered ager	nt (if changed) and /or	registered office	PLORIDA	P 20 M & 11
	Debra Hill, Esq.	·			
	4460 Kincardine Drive				
	Jacksonville, FL 32257	acceptable	_		
The street address changed will Such change wa	ess of its registered office and the street a be identical.	by its board of direc	tors or by an offic		gent,
-	ne board, or the corporation has been not	W.M.a. Printed or th	<u>-</u>	0	
I furthér agrée t performance of l agent. Or, if thi	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflethat the corporation has been notified in	ites relative to the pr ecept the obligation o ect a change in the re	oper and complet of my position as gistered office ad	e registered ldress, I	d
-TA		08/19/2019			
Sign	nature of Registered Agent		Date	_	
If signing on bel	half of an entity:				
ту	sped or Printed Name  * * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314