N0000000006899

Sentry Management_{ic}

2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 100410 - R

(C)	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bi	usin ess Entity Na	me)
(D	ocument Number)
Certified Coples	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OS 10/3/070 NHLO

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA
in order	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: RENAISSANCE I ASSOCIATION INC.
2. The principal	office address: 2180 W SR 434 STE 5000
	LONGWOOD FL 32779-5044
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 10/17/2000 Document number: N00000006899
	street address of the current registered agent and registered office on file with the truent of State:
	ROGERS, PATRICIA J
	750 N TAMIAMI TRL
	SARASOTA FL 34236
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	JAMES W HART JR
	2180 W SR 434 STE 5000
	(P.O. Box NOT acceptable)
	LONGWOOD FL 32779-5044
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	sautherized by resolution duly adopted by its board of directors or by an officer so elloward, or the corporation has been notified in writing of the change.
Als	DAVID 6.2 WARS
(Signatii	re of an officer or director) (Printed or typed name and title)
I hereby accept. I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. O comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
(Sig	A S/14/06 (Date)
	half of an entity:
JAMES W H	·
(Ī	yped 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
CR2E045 (8/05)