

A10000000039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

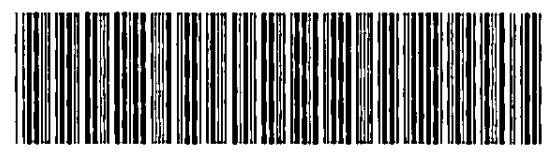
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Change in Title for Marcia Davis on Annual Report
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A10000000039

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Marcia Davis
Contact Person

Renaissance Preserve IV, LLLP
Firm/Company

4224 Renaissance Preserve Way
Address

Fort Myers, Florida 33916
City, State and Zip Code

Marcia@hacfm.org
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Marcia at (239) 344-3221
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Renaissance Preserve IV, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 01/21/2010 3. A10000000039
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Marcia Davis Esq.
Name
4224 Renaissance Preserve Way
Address
Fort Myers FL 33916
City, State and Zip

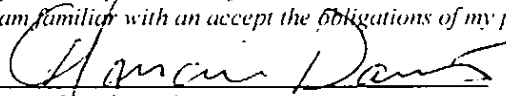
5. The name and Florida street address of the new registered agent and/or office:

Marcia Davis
Name
4224 Renaissance Preserve Way
Florida street address (P.O. Box not acceptable)
Fort Myers FL FL 33916
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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 obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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