

F060000000 194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

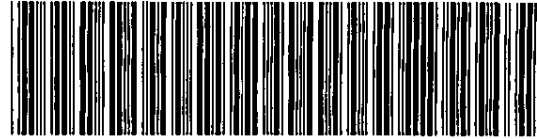
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R/A-CH

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Renaissance Charitable Foundation Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F06000000194

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:

~~Rebecca Drury~~

\_\_\_\_\_  
Name of Contact Person

Labyrinth Inc.

\_\_\_\_\_  
Firm/Company

1808 Aston Ave, Suite 230

\_\_\_\_\_  
Address

Carlsbad, CA 92008

\_\_\_\_\_  
City/State and Zip Code

Becky@labyrinthinc.com

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

For further information concerning this matter, please call:

Rebecca Drury

\_\_\_\_\_  
Name of Contact Person

at ( 760 ) 731-2620 ext 118

\_\_\_\_\_  
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Indiana in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Renaissance Charitable Foundation Inc.
2. The principal office address: 6100 W 96th St., Suite 105  
Indianapolis, IN 46278
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/10/2006 Document number: F06000000194
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.

17888 67th Court

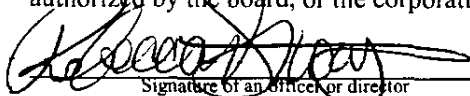
P.O. Box NOT acceptable

Loxahatchee, FL 33470

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TALLAHASSEE, FLORIDA


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Rebecca Drury  
Attorney In Fact  
\_\_\_\_\_  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

October 28, 2016

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Leora Nealey on behalf of InCorp Services, Inc.

\_\_\_\_\_  
Typed 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 (03/12)

# SPECIAL POWER OF ATTORNEY

This confirms that Labyrinth, Inc., a Maryland Corporation, and its officers are authorized by and on behalf of *Renaissance Charitable Foundation, Inc.*, an Indiana Non Profit Corporation, to execute in their own names or the names of any officer or director of *Renaissance Charitable Foundation, Inc.*, any and all returns, reports and associated submission and forms ("Returns") as authorized officers, agents and representatives of such Returns to the respective states in which they are to be filed.

By: \_\_\_\_\_

Date: 05/09/16

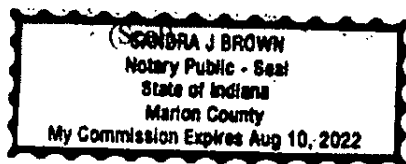
Print Name: Gregory W. Baker

Title: President

STATE OF INDIANA  
COUNTY OF MARION

Subscribed and sworn to (or affirmed) before me on this 9<sup>th</sup>  
day of May, 2016, by Gregory W. Baker

proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



Signature \_\_\_\_\_

Sandra J. Brown