

F220000006916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

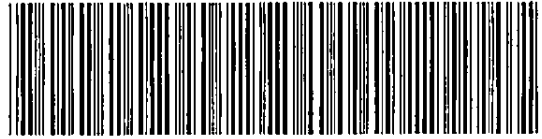
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RA &
PO
change

FILED

2024 SEP 12 AM 11:54
CLERK OF STATE
TALLAHASSEE, FL 32309

RECEIVED

2024 SEP 12 AM 10:58
CLERK OF STATE
TALLAHASSEE, FL 32309

A. RAMSEY

SEP 13. 2024

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/12/2024

****WALK IN****

ENTITY NAME RENEGADE INSURANCE HOLDCO, INC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35.00

ACCOUNT #: I20160000072

S R J

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Renegade Insurance Holdeo, Inc
Name of Corporation

DOCUMENT NUMBER: F22000006916

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:

Harbor Compliance

Name of Contact Person

Firm/Company

1830 Colonial Village Lane

Address

Lancaster, PA 17601

City/State and Zip Code

mmeckley@harborcompliance.com

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

For further information concerning this matter, please call:

Brad C

Name of Contact Person

at (717) 210-5263

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**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 Delaware _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RENEGADE INSURANCE HOLDCO, INC
2. The principal office address: 2002 Summit Blvd Ste 120
Brookhaven, GA 30319
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/08/2022 Document number: F22000006916
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)

NORTHWEST REGISTERED AGENT LLC

4961 BABCOCK ST NE, SUITE 7

PALM BAY, FL 32905

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

Registered Agents Inc

7901 4th St N Ste 300

P.O. Box NOT acceptable

St. Petersburg, FL 33702

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.

/s/ Douglas Rowe

Signature of an officer or director

Douglas Rowe - Chief Operations Officer

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.

David Roberts

Signature of Registered Agent

02/14/2024

Date

If signing on behalf of an entity:

David Roberts - Assistant Secretary

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 (04/13)

FILED
2024 SEP 12 AM 11:54
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED