

· _	(Requestor's Name)		
	(Address)		
	<b>/</b>		
	(Address)		
	(City/State/Zip/Phone #)		
_			
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
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Special Instructions to	Filing Officer:		
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TALLAHASSEE FLORIDA

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Office Use Only

Sunshine State Corporate Compliance Company 3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 03/14/2024

\*\*WALK IN\*\*

#### ENTITY NAME WORLD RENEW, INC

DOCUMENT NUMBER\_\_\_\_\_

#### \*\*PLEASE FILE THE ATTACHED AND RETURN \*\*

XXXXXXXXX

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

ACCOUNT #: I20160000072

5 8 710

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

# 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  $\frac{M}{M}$  in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: \_\_\_\_\_WORLD RENEW, INC.

2. The principal office address:						
8970 Byron Commerce, Byron Center, MI 49315						
3. The mailing address (if different):						
4. Date of incorporation/qualification: 01/22/1998	Document number: F98000000372					

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)

	NRAI SERVICES, INC		202	
	1200 South Pine Island Road		2024 HAR	
	Plantation, FL 33324	S.	RIL	Γ
<ol> <li>The name and (if changed):</li> </ol>	street address of the new registered agent (if changed) and /or registered offi		PH 12:	
	URS Agents, LLC	ORID	5	
	3458 Lakeshore Drive	4		
	P.O. Box NOT acceptable			
	Tallahassee, FL 32312			

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.

Melissa Barnes CFO

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 hotified in writing of this change.

3-13-24

Date

If signing on behalf of an entity:

KELLI SALDANA - ASST. 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)