

L030000010071

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renar / The Falls LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Rhonda S. Rowe
Name of Person

Renar / The Falls LLC
Firm/Company

3731 NE Pineapple Ave
Address

Jensen Beach, FL 34957
City/State and Zip Code

dawnginter@renarhomes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda S. Rowe at (772) 692-7800
Name of Person Area Code & Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Renar / The Falls LLC

2. (a) Principal office address of limited liability company: 3731 NE Pineapple Ave

(Note: **MUST BE STREET ADDRESS**) Jensen Beach, FL 34957

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**) _____

3. Date of filing/registration in Florida _____ 4. Document number L03000010071

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: M. Lanning Fox

Registered Office Address: 3473 SE Willoughby Blvd
Stuart, FL 34994

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Arden Doss, Jr.

NEW Registered Office Address: 3731 NE Pineapple Ave
(MUST BE FLORIDA STREET ADDRESS) Jensen Beach, FL 34957
_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Arden Doss, Jr.
Signature of a member or authorized representative of a member

Arden Doss, Jr.
Printed or typed name of signee

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Arden Doss, Jr.
Signature of Registered Agent

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JUN 21 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA