104000035612

(Re	questor's Name)		
(Ad	dress)		
. (Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	

Special Instructions to Filing Officer:

L. SELLERS

JUN 2 2 2010

EXAMINER

Office Use Only



900180197209

06/21/10--01051--013 **225.00



FILED

COVER LETTER '

TO: Registration Section Division of Corporations		
SUBJECT: Renar Charter Services, LLC		
Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Rhonda S. Rowe Name of Person		
Name of Person		
Renar Charter Services, 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	n)	
For further information concerning this matter, plea	se call:	
Rhonda S. Rowe at (772) 692-7800	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amo	unt:	
\$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.

Name of the limited liability company:	Renar Charter Servies, LLC
2. (a) Principal office address of limited liability comp	any: 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)	
	L04000025612
3. Date of filing/registration in Florida	4. Document number
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 <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	NEW Registered Office address: Arden Doss, Jr. 3731 NE Pineapple Ave
(MUST BE FLORIDA STREET ADDRESS)	Jensen Beach, FL 34957
If the limited liability company is not organized under t confirmed that after the change or changes are made, th and the business office of the registered agent will be id liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability comp	he laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by artifirmative vote herwise provided in the article organization any.
Arden Doss, Jr.	
Printed or typed name of signee I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	ad agree to act in this capacity: Wirthen agree to proper and complete performe the of my duties, position as registered agent as provident or in merely reflect a change in the registered office pany has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00