

JAN-28-2009 WED 04:04 PM

FAX NO.

P. 01

Division of Corporations

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Florida Department
Division of Corporations
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(((HD9000020355 3)))



HD90000203553ABCV

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : 119990000006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

REGISTERED AGENT CHANGE

RENAISSANCE RIDER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
2009 JAN 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 28 AM 8:51

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<https://efile.sunbiz.org/scripts/efilcovr.exe>

1/28/2009

EXAMINER

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P. 02

(((H09000020355 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renaissance Rider, 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:

Sarah A. Lindquist
(Name of Person)

Zimmerman, Kiser, Sutcliffe, PA
(Firm/Company)

315 East Robinson St, Suite 600
(Address)

Orlando, FL 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Lindquist at (407) 425-7010
(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

INHS18 (5/08)

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FAX NO.

P. 03

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**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: Renaissance Rider, LLC
2. (a) Principal office address of limited liability company: 9312 Shadow Pinar Ct
Orlando, FL 32825
 (Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 9312 Shadow Pinar Ct
Orlando, FL 32825
 (Note: MAY BE POST OFFICE BOX)

- 11/21/2006
 3. Date of filing/registration in Florida
- L06000112583
 4. Document number

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

Registered Agent:

Jeremy S Sloane, Esq.

Registered Office Address:

315 E Robinson St, Suite 600
Orlando, FL 32801

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

NEW Registered Agent:Sarah A Lindquist, Esq.NEW Registered Office Address:315 E Robinson St, Suite 600(MUST BE FLORIDA STREET ADDRESS)Orlando, FL 32801

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.

[Signature]
 (Signature of a member or authorized representative of a member)

JEFFREY LINDQUIST

(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.

[Signature]
 (Signature of Registered Agent)

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

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