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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Renwick Investment Group LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Eric Renwick (Name of Person)			
Renuick Investment Group (Firm/Company)	LLC		
PO Box 600638 (Address)	·		
Jacksonville, FL 32 (City/State and Zip Code)	1260		
For further information concerning this matter,	please call:		
Eric Renwick a (Name of Person)	at (904) 63/-9206 (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 (8/05)

## 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. The name of the limited liability company is:	Renwick Investment	Group UC.	
2. The mailing address of the limited liability company is: PO BOX 600638			
	Jacksonville, FL	32260.	
12/19/2006	•	120716	
3. Date of filing/registration in Florida	4. Document number	•	
5. The name of the registered agent and the regist Florida Department of State:  Thomas G.			
Coral Gable City,	Sherman, ESQ, P.A.  Name  ria Ave.  Address  es, FL 33/34  State and Zip	FILED  07 JUL 16 PH 2: 38  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
6. The name and address of the new registered agent and/or office:			
Florida street address	Renwick lame ey Locust Dr. (P.O. Box NOT acceptable)	2: 38 TATE LORIDA	
<u>Jack sonville</u> City, St	EFL 32223 ate and Zip		
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 of a member or authorized representative of a member	•		
Eric Renwick (Printed or typed name of signee)	<u></u>		
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fi address, I hereby confirm that the limited liability	ent and agree to act in this capact to the proper and complete perfor of my position as registered agen led to merely reflect a change in t company has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.	

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

(Signature of Registered Agent)