

L080000 78585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

RA

Office Use Only

B. KOHR

MAR 26 2012

EXAMINER



300225762573

03/22/12--01008--015 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 22 AM 8 03

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Renew Capital, 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:

Allison Hanslik

Name of Person

Xiphias, LLC

Firm/Company

1616 S Voss Rd Ste 450

Address

Houston, TX 77057

City/State and Zip Code

allison@xiphiasfin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison Hanslik

Name of Person

at ( 713 )

982-8555

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 22 AM 8:03

**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: Renew Capital, LLC
2. (a) Principal office address of limited liability company: \_\_\_\_\_  
(Note: **MUST BE STREET ADDRESS**) 5575 Rosebriar Way  
Orlando, FL 32822
- (b) Mailing address of limited liability company: \_\_\_\_\_  
(Note: **MAY BE POST OFFICE BOX**) 1616 S Voss Rd Ste 450  
Houston, TX 77057
- 8-14-2008 L08000078585
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: CT Corporation System
- Registered Office Address: 1200 S Pine Island Road  
Plantation, FL 33324
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW** Registered Agent: Dan Henry
- NEW** Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**) 5575 Rosebriar Way  
Orlando, FL 32822

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

Jeff Balliet

Printed or typed name of signer

*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 of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**