(Requestor's Name)
(Address)
•
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
` , ,
(Document Number)
(Doodillon Namber)
Codified Conins
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

OCT 20 2009



300160815613

09/23/09--01011--013 **25.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Renagade Agent Marketing LCC 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:		
Calvin C. Cyvy Name of Person		
Renegade Agent Marketing		
Po Box 597 Address		
Lake City FL 32056 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Calviv Cuvvy at (386) 961-9828 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.

agem, or both, in the blate of 1 toriau.	·· ·	
1. Name of the limited liability company:	ENEGADE AGENT MARKET	
2. (a) Principal office address of limited liability compar	14: 5861 SW State RD47	
(Note: MUST BE STREET ADDRESS)	Lake City, FL 32624	
(b) Mailing address of limited liability company:	PO. BOX 597	
(Note: MAY BE POST OFFICE BOX)	Lake Gity, FL 32056	
09/03/08	L08000083987	
3. Date of filing/registration in Florida	4. Document númber	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Corporation Served Company	
Registered Office Address:	1201 Hays Street	
	Tallahassee, FL 32301	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Calvin C. Curry	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	58615WStateRoad 47	
	Lake City ,FL32014	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the printed of a member of the obligations of my prochapter 608 F.S. Or if this document is being filed to mead of the statute of the provisions of the limited liability company that the limited liability company.	Florida street address of the register of FRA atical. Or, in the case of a Florida limited of some solution was/were authorized by an affirmative was erwise provided in the articles of organization y. CARPORATION 1. LED 1. LED	
Mulin	,	

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

Signature of Registered Agent