## L13000045038

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECHELARY OF STATE
TALL AHASSEF FLORID

C.M. 8-11-14

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company: Renewal Ente	erprises LLC	
2. (a)	21113 Johnson Street	(b) 1351 N	W 122nd Terrace
(w)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Suite 130		
	Pembroke Pines, FL 33029	Pembro	oke Pines, FL 33026
	03/26/2013	L130000	45038
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Erica L DeCarlo		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	
	1351 NW 122nd Terrace		
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS)	_
	Pembroke Pines, FL	33026	_
(b)	Erica Lee Becker		14 SEC TALL
( )	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	SECRE DAR.
			변기보다 1 1883년 - 1883년 -
	NEW Registered Office Address:		
			- 50 10 10 10 10 10 10 10 10 10 10 10 10 10
	, FL		
the cha agent was/we the arti Signal I herei provisi the obl	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable and an affirmative vote of the members of cles of organization or the operating agreement of the street of a member or authorized representative of a member on a of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if in writing of this change.	the registered office ability company, it if the limited liability collimited liability liabil	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.  Printed or typed name of signee

## **COVER LETTER**

TO: Registration Section Division of Corporations		
Renewal Enterprises LLC SUBJECT:		
	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	SEUR SEUR
Please return all correspondence concerning this r	matter to the following:	HASSA HASSA
Erica Lee Becker		
Name of Person		ORIO ORIO
Renewal Enterprises LLC		7>
Firm/Company		
1351 NW 122nd Terrace		
Address	···	
Pembroke Pines, FL 33026		
City/State and Zip Code		
renewalenterprisesllc@gmail.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, ple	ease call:	
Erica Lee Becker	954 309-8679	
Name of Person	Area Code & Daytime Telephor	ne 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 an	nount:	
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		