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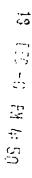
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COVER LETTER

SUBJECT: Renegade Recruitment International, LC. 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:
James Laine Name of Person
Renegacle Recrutment International
115 NZ Third Avenue #502
Fox Lauderdale, Fl. 33301 City/State and Zip Code
renegacle recruitmentint @gmail. com E-mail didress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jaimee Laine at 917 903 - 1897 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Enclosed is a check for the following amount:

□ \$25 Filing Fee & Certified Copy

P.O. Box 6327

Tallahassee, Florida 32314

INHS18 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

to:

Registration Section Division of Corporations

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. Name of the limited liability company: Renegade Recruitment Internation
2. (a) <u>Revegade Recruttvent Tyt.</u> (b) <u>Revegade Recrutivent Tyt.</u> Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY RE POST OFFICE BOX) 115 NEThird Ave #502 15 NEThird Ave #502
Fort Lauderdale, Fl. 33301 Fort Lauderdale, Fl.
1 4 2018 L 18000003289 3. Date of filing/registration in Florida 4. Document number
5. (a) Jonathan S. Morris
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 270 SW WHIVE AUPWIRE
Deer Field Beach & 33441
(b) Jaimee Laine
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
115 NEThird Hienve #500
fort Lauderdall .ft 33301
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 a partition vote of the members of the limited liability company or as otherwise provided in
the articles of dreamzation by the operating agreement of the limited liability company.
Signature of a member Printed or typed name of signee Viberally acceptain 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 605, F.S. Or, if this document is being filed to mergy reflect its surge in the registered office address. Thereby confirm that the limited liability company has been notified in scripped of this charge.
Signature of Registered Agent
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00