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(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:							
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations						
SUBJECT:	ReneeG Enterprises, LLC						
oobvii.er.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Office Ch	nange and fe	ee(s) are submitted for filing.				
Please return	all correspondence concerning this mat	ter to the fo	ellowing:				
Peter Gray							
	Name of Person						
	Firm/Company		_				
4256 Raccoor	n Loop		_				
	Address						
New Port Ric	hey, FL 34653						
<u></u> -	City/State and Zip Code		-				
pgray@footpr	rintsfloors.com						
E-mail	address: (to be used for future annual re	port notifica	ation)				
For further in	nformation concerning this matter, please	e call:					
Peter Gray	at i	704 (267-5131				
	Name of Person		Area Code & Daytime Telephone Number				
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Encl	osed is a check for the following amou	ınt:					
/20 \$2	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 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	ame of the limited liability company: ReneeG Enterpris	es, LLO				
2. (a)			(b)			
``	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company (Nate: MAY BE POST OFFICE BOX) 4256 Raccoon Loop			
		New Port Richey, FL 34653				
	12/29.2022		L230000	04110		
3.	Date of filing/registration in Florida	4.		Document number	Г	
5. (a)						
). (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of S	State:		
	Peter Gray		-			
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRE	<u></u>			
	1401 Strada D'Argento					
	Venice	34292				
	, г.				~• ⋅ ,,	
(b)					823	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office 1	ddress:		SFORETA SFORETA MANUAL OF	
					ARY OF OR	
	Peter Gray				보고면	
	NEW Registered Office Address:				PH 2	
	4256 Raccoon Loop				2: 28	
	New Port Richey	34653			ω -:	
	, FL					
hange gent w vas/we he arti	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of f the li limited	red office a company, it mited liabi	and the business offic t is hereby confirmed lity company or as ot	e of the registered that the change(s)	
	ure of a member or authorized representative of a member		nee Gray	Printed or typed name	of signee	
l herel provisione he obli o mexe	by accept the appointment as registered agent and agree 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 have the proper of this change.	ee to ac perform! for in ereby c	et in this ca nance of m Chapter 60 confirm tha	nacity. I further agre	ee to comply with the	