1PH 00000001491

(R	equestor's	Name)	
(Ac	dress)		· · · · · · · · · · · · · · · · · · ·
(Ac	idress)		
(Ci	ty/State/Z	p/Phone #)	
PICK-UP	☐ w	/AIT	MAIL
(Bt	ısiness Eı	ntity Name)	<u></u>
(Do	ocument N	lumber)	
weight 10	_		
ertified Copies	_ Ce	nificates of S	otatus
Special Instructions to	Filing Offi	cer:	
Nam e		1	
Acailability			
Document			
the service or	DCC		
luda tor	Pilitée	Use Only	•
T Y	ncc		
Helpement	DCC		
Verifyer	DCC		



500008679245

11/12/02--01075--013 **25.00

FILED

02 NOV 12 PM 12:59

SECRET TO STATE
TALLARGCEE FLORIDA

Marianne H. LePera
Attorney at Law
Bonita Bay Executive Center II
3461 Bonita Bay Blvd., Suite 220
Bonita Springs, FL 34134
239/498-6222; 239/498-6225 fax

November 5, 2002

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

Re:

Change of Registered Office and Registered Agent

of American Renaissance Group, LLC FL Foreign Authorization #M02000001491

Dear Sir or Madam:

I am enclosing for filing Statement of Change of Registered Office and Registered Agent for American Renaissance Group, LLC.

The requisite filing fee of \$25 is enclosed. Please return to me a date-stamped copy of this filing. For your convenience, I am enclosing a copy of the filing as well as a postage paid, pre-addressed envelope.

Please do not hesitate to call me should you have any questions in this regard. Thank you.

Sincerely,

Marianne LePera

Counsel for American Renaissance Group, LLC

Enclosure

CC:

R. Durst

R. Mosny

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.

•	ie oj rioriaa.			
1. The name of the limit	ed liability company is: America	n Renaissance Gr	roup, LLC	
2. The mailing address of	of the limited liability company is:			
1342 Colonial Blvd.,	Ste 27, Ft. Myers, FL 33907			
6/10/02		_M02000001491		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the regist Florida Department of	ered agent and the registered office State: Mark Dennis	address as shown o	on the records of the	
0 . 10	Name 1342 Colonial Blvd., Suite 27	- -	Life W	
.	Address Ft. Myers, FL 33907			
A Proposition of the American	City, State and Z	ip	- t O	
6. The name and address of the new registered agent and/or office:			02 SE0	
	Marianne LePera, Esq.		ABA T	
	Name 3461 Bonita Bay Blvd. Suite 2	20	12 L	
	Florida street address (P.O. Box	NOT acceptable)	E FE	
	Bonita Springs FL 341	PH 12: 59 FSTATE FLORIDA		
	City, State and Zi	p	9	
confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement	mpany is not organized under the la hange or changes are made, the Fic f the registered agent will be identified by confirmed that the change(s) and liability company or as otherwise of the limited liability company.	orida street address or al. Or in the case	of the registered office	
(Signature of a member or author	rized representative of a member)	<u></u>		
Robert T. Durst, Jr.		. 		
(Printed or typed name of signee				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	intment as registered agent and agus of all statutes relative to the project accept the obligations of my posithis document is being filed to mer that the limited liability company	ree to act in this ca per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.	

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

INHS18(10/99)

FILING FEE: \$25.00