

M09000004567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

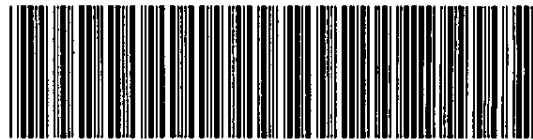
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14 DEC -8 PM 2:44  
MILWAUKEE, WI

LLC  
RA Change

12-10-14

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 25, 2014

MARY PARTIN  
RENESENZ LLC  
601 CRESTWOOD ST.  
JACKSONVILLE, FL 32208

SUBJECT: RENESSENZ LLC  
Ref. Number: M09000004567

RECEIVED  
14 DEC -8 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF CORPORATE  
INFORMATION SERVICES

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist III

Letter Number: 514A00025064

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Renessenz LLC  
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:

Jennifer D. Padgett  
Name of Person

Renessenz LLC  
Firm/Company

601 Grestwood St  
Address

Jacksonville FL 32208  
City/State and Zip Code

jennifer.padgett@renessenz.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Padgett at (904) 924 2862  
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 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: Renessenz LLC
2. (a) 601 Crestwood Street (b) P.O. Box 389  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
Jacksonville, FL 32208 Jacksonville, FL 32201

3. 12-4-2014 4. M09000004567  
Date of filing/registration in Florida Document number

5. (a) Mary Partin  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
601 Crestwood Street  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 32208

- (b) Deborah C. Drylie  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
4719 Northwest 53rd Ave Ste A  
**NEW Registered Office Address:**

Gainesville, FL 32653

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 an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Brenda S. Murray  
Signature of a member or authorized representative of a member

BRENDA S. MURRAY  
Printed or typed name of signee

I hereby accept the 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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Deborah C. Drylie  
Signature of Registered Agent