

111000001449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

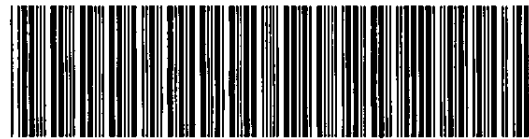
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/13--01016--002 **25.00

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2013 APR -9 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 10 2013

EXAMINER



10574 Ravenna Road
Suite 100
Twinsburg, OH 44087-3104

April 3, 2013

Florida Department of State
Registration Section
Division of Corporations
Attn.: Karen Saly
P. O. Box 6327
Tallahassee, FL 32314

Re: Renew Advantage LLC


Dear Ms. Saly:

Enclosed please find, in duplicate, Application by Foreign Limited Liability Company to File Amendment to Application for Authorization to Transact Business in Florida to amend the business purpose for Renew Advantage LLC. Also enclosed is our check for \$25 made payable to "Florida Department of State", representing payment of the filing fee.

Please note that Renew Advantage LLC is a Delaware LLC and, therefore, there is no amendment to articles or other documents in Delaware that would reflect a change in business purpose, as one is not required in Renew Advantage's home state.

While we believe this filing to be complete, please contact us should you have any questions or require additional information.

Best regards,


D. Alan Scantland
Manager, Secretary and Vice President
1-888-259-0590

\Encs. (Application to File Amendment; Check)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENEW ADVANTAGE LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. ALAN SCANTLAND

Name of Person

RENEW ADVANTAGE LLC

Firm/Company

10574 RAVENNA ROAD

Address

TWINSBURG OH 44087

City/State and Zip Code

MBUKACH@RENEWADVANTAGE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCY UTLAK

Name of Person

at (440) 227-2346

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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of
State: RENEW ADVANTAGE LLC

2. Jurisdiction of its organization: Delaware

m11 00000 1449

3. Date authorized to do business in Florida: 3/21/2011

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the
change effected under the laws of its jurisdiction of organization? _____

5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in
Florida and attach a copy of the written consent of the managers or managing members adopting
the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.,"
or "LLC.")

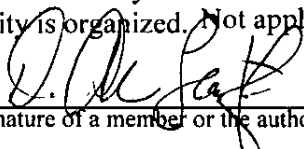
6. If the amendment changes the period of duration, indicate new period of duration: _____

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

8. If the amendment corrects any false statement, indicate the statement being corrected and the
correction: _____

#11 Nature of business or purpose should state "Administrator of customer reward program and related services"

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned
amendment(s), duly authenticated by the official having custody of records in the jurisdiction under
the law of which this entity is organized. Not applicable - Delaware LLC


Signature of a member or the authorized representative of a member

D. Alan Scantland, Manager

Typed or printed name of signee

Filing Fee: \$25.00

2013 APR -9 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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