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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RENEW FINANCIAL I LLC		
Name of Lin	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	age and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Linda Richards		
Name of Person	 	
Registered Agent Solutions, Inc.		
Firm/Company		
1701 Directors Blvd., Suite 300		
Address		
Austin, TX 78744		
City/State and Zip Code	2016 MAY 13 SECRETARY. TAILLAHASSE	7
jxavier@renewfinancial.com	AST -	1
E-mail address: (to be used for future annual repo		
For further information concerning this matter, please of	call: 25	
Linda Richards at (705-7274	
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 amoun	t:	
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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. N	ame of the limited liability company: RENEW FINA	ANCIA	LILLC				
2. (a)	1221 BROADWAY, 4TH FLOOR	(_{b)} 1221 BF	ROADWAY, 4TH I	FLOOR		
_, (.,)	Principal office address of limited liability company:	_ `	. /	Mailing address of limited	-		
	(<u>Note: MUST BE STREET ADDRESS</u>)		O A IZI A A	(Note: MAY BE POST	OFFICE I	<u>BOX</u>)	
	OAKLAND, CA 94612			ND, CA 94612			
		_	_				
	11/19/2015		M150000	09344			
3.	Date of filing/registration in Florida	4.		Document number		-	
5. (a)	C T CORPORATION SYSTEM						
()	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of State	- 0 :			
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>(S)</u>	-			
	PLANTATIONFL	33324		-			
(b)	Registered Agent Solutions, Inc.				~ 3		٠
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:			751	
	155 Office Plaza Dr., Suite A			AHAS	2016 MAY 1		•
	NEW Registered Office Address:	·		SEE SEE	w ≻		;
	Tallahassee, FL	32301		STATE ELORIDA	II: 2b		
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability cof the linited	istered office company, it is nited liability liability com	e and the business off s hereby confirmed the y company or as othe apany.	ice of the	regist	ered
Signa	ture of a member or authorized representative of a member	<u> </u>	anusco I	Printed or typed name of	f signee		
I here provisi the obl to mer	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do not not in writing of this change. Jaclyn Wright, Asst. Secretary	ee to ac perforn d for in hereby c	et in this cape nance of my c Chapter 605 confirm that i	acity I further agree	to comp	ly with and ac being f ias bee	the cept iled n
Signatu	Pivinian of Corporations B.O. I						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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Na	me of the limited liability company:	NCIAL I LLC	
(a)	1221 BROADWAY, 4TH FLOOR	(b) 1221 BROADWAY, 4TH FLOOR Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
(ω) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		
	OAKLAND, CA 94612	OAKLAND,	CA 94612
	11/19/2015	 M150000093	44
	Date of filing/registration in Florida	4. Doc	ument number
(a)	C T CORPORATION SYSTEM		
(a)	Registered Agent and Registered Office shown on the records of	he Florida Dept. of State:	
	1200 SOUTH PINE ISLAND ROAD	•	
	Registered Office Address (MUST BE FLORIDA STREET)	DDRESS)	
•	PLANTATION ,,FL	33324 `	
(b)	Registered Agent Solutions, Inc.		2016 HAY SECRET
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	155 Office Plaza Dr., Suite A		ASSET 3
	NEW Registered Office Address:		A II: 26
	Tallahassee	32301	F
e cha gent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered office and ability company, it is her f the limited liability con limited liability compan	the business office of the registers beby confirmed that the change(s) mpany or as otherwise provided in y.
61 3		Franysco Dev	ries or typed name of signee
horo	ture of member or authorized representative of a member, by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I din writing of this change.	ee to act in this canacit	I further caree to comply with th

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00