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(Address)					
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2011 FEB 10 AM ID: 59

K. SALY FEB 1 4 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: REN CENTER TAMPA LI		
Name o	f 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 n	natter to the following:	
Harbor Compliance		
Name of Person		
Harbor Compliance		
Firm/Company		
48-50 W Chestnut St Ste 301		
Address		
Lancaster, PA 17603		
City/State and Zip Code		
admin@quarrycapital.net		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, ple	ease call:	
Harbor Compliance	at (717) 723-9317	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following an	nount:	
	□ \$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: REN C	ENTER	TAMPA	LLC	
` ' /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		
	1370 JET STREAM DRIVE STE 100		1370 J	ET STREAM DRIVE STE 100	
	HENDERSON, NV 89052		HENDE	ERSON, NV 89052	
	02/05/2016		M1600	0000995	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
(11)	Registered Agent and Registered Office shown on the reco	ords of the Flo	rida Dept. of St	nte:	
	NRAI SERVICES, INC.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		- ID . 20.		
	1200 SOUTH PINE ISLAND ROAD			温まで	
	PLANTATION	_, _{FL_} 333	24	2017FEB 10 AM ID: 59 TALLAHASSEE, FLORID	
(h)	Registered Agents Inc.			TO BE	
(1)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			FLO STR	
	Registered Agents Inc.			RID.	
	NEW Registered Office Address:	//		-	
	3030 N. Rocky Point Dr. STE 150	A		_	
	Tampa	, _{FL} 336	07		
the cha agent v was/was/wathe art	limited liability company is not organized under the sange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ess of the re ted liability bers of the l of the limite	egistered office company, it limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
I here	by accept the appointment as registered agent on	d avree to	act in this car	pacity. I further paree to comply with the	

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.

Bill Havre / Assistant Secretary
Signature of Registered Agent