

MA0000010843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

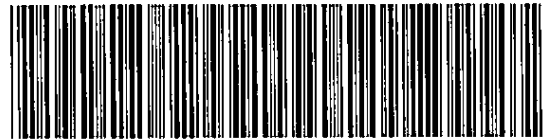
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200371768542

08/16/21--01029--027 **35.00

R WHITE
AUG 27 2021

COVER LETTER

TO: Amendment Section Division of Corporations

COVERED BY: Covered by Sage LLC

Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas Warren Rowe

Name of Contact Person

Covered by Sage LLC

Firm/Company

4961 Babcock St NE, Suite 7

Address

Palm Bay, FL 32905

City/State and Zip Code

compliance@joinsage.com

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

For further information concerning this matter, please call:

Douglas Warren Rowe

at (917) 9365949

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

(Document number of corporation (if known))

1. Covered by Sage LLC
(Name of corporation as it appears on the records of the Department of State)
2. Georgia 3. 11/20/2020
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 06/08/2021
5. Renegade Insurance LLC, ~~LLC~~
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

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

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4) indicate that change:

<u>Title / Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Done, Signed By:

Doug Rowe

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Douglas Warren Rowe

COO

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Covered by Sage LLC
a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 06/08/2021 changing its name to

Renegade Insurance LLC
a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 06/11/2021.



Brad Raffensperger

Brad Raffensperger
Secretary of State



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN F. KING
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING, JR. DRIVE
ATLANTA, GA 30334
(404) 656-2056
<https://oci.ga.gov>

NAME APPROVAL ACCEPTANCE LETTER

VIA EMAIL

Tuesday, June 08, 2021

Mr. Douglas Rowe
7000 Central Parkway Ste 1100
Atlanta, GA 30328
United States

Dear Mr. Rowe,

The Georgia Insurance Department ("Department") received your request for a Name Approval Letter. The Department has reviewed your request and hereby approves the following entity name for your use:

Renegade Insurance LLC dba Renegade Insurance

By issuing this Name Approval Letter, the Department has determined that, pursuant to the Georgia Insurance Code (Title 33), your requested entity name is not misleading, confusing or deceptive. **However, the Department has not confirmed that the above-referenced name is available for your use through the Georgia Secretary of State's Office.** If you would like to confirm that the above-referenced name is available and reserve it for your exclusive use, you must submit a Name Reservation Request and pay a fee to the Corporations Division of the Georgia Secretary of State's Office. For more information regarding name reservations, please contact the Corporations Division of the Georgia Secretary of State's Office at (404) 656-2817, or visit their website at <http://sos.ga.gov/index.php/corporations>. Best regards,

Travis Bowden

Travis Bowden
Limited Risk Analyst
Office of Insurance and Safety Fire Commissioner
State of Georgia
2 Martin Luther King Jr. Drive
Suite 606, West Tower Atlanta, Georgia 30334
Phone: 404.463.2825