

M20000010843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

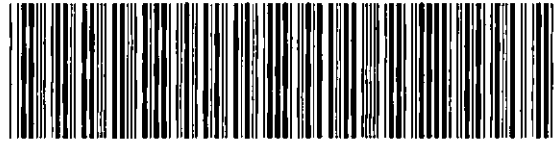
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 DEC 21 PM 4:34

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renegade Insurance 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:

Douglas Rowe

Name of Person

Renegade Insurance LLC

Firm/Company

9450 SW Gemini DR PMB 47941

Address

Beaverton, OR 97008

City/State and Zip Code

compliance@renegadeinsurance.com

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

For further information concerning this matter, please call:

Douglas Rowe

770

723-3933

at ()

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

INHS18 (2-14)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2023

DOUGLAS ROWE
9450 SW GEMINI DR
PMB 47941
BEAVERTON, OR 97008

SUBJECT: RENEGADE INSURANCE LLC
Ref. Number: M20000010843

We have received your document for RENEGADE INSURANCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The top of Form the heading is cut off. I have enclosed a new form.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 923A00022029

**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.

Renegade Insurance LLC

1. Name of the limited liability company: _____
2. (a) 1935 East Victory DR., Suite 300 (b) 9450 SW Gemini DR PMB 47941
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
1935 East Victory DR., Suite 300 9450 SW Gemini DR PMB 47941
Savannah, GA 31404 Beaverton, OR 97008
3. 11/20/2020 4. M20000010843
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
Yesenia Pena

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

4961 Babcock ST NE #7

Palm Bay FL 32905

Northwest Registered Agent LLC

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg FL 33702

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.

Doug Rowe

Signature of a member or authorized representative of a member

Douglas Rowe - COO

Printed or typed name of signer

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.

Taylor Newman Taylor Newman - Assistant Secretary

Signature of Registered Agent

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