

Ma0000010843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

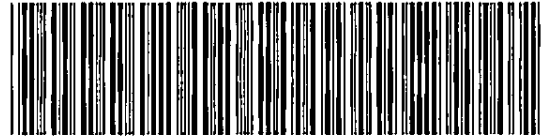
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J. HORNE
SEP 13 2024

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2024 SEP 12 AM 9:36

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RECEIVED

2024 SEP 12 PM 3:35

CLERK
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/12/2024

****WALK IN****

ENTITY NAME Renegade Insurance LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

E R H

Please call Tina at the above number for any issues or concerns. Thank you so much!

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:

Brad C

Name of Person

Harbor Compliance

Firm/Company

1830 Colonial Village Lane

Address

Lancaster, PA 17601

City/State and Zip Code

Regs@apriocloud.com

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

For further information concerning this matter, please call

Brad C

717

210-5263

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: RENEGADE INSURANCE LLC
2. (a) 1935 EAST VICTORY DR
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 300
SAVANNAH, GA 31404
- (b) 9450 sw gemini dr
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
pmb 47941
baverton, OR 97008
3. 11/20/2020 Date of filing/registration in Florida
4. M20000010843 Document number

5. (a) NORTHWEST REGISTERED AGENT LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4TH ST N

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

STE 300

ST. PETERSBURG, FL 33702

- (b) Registered Agents Inc

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

7901 4th St N Ste 300

St. Petersburg, FL 33702

FILED
2024 SEP 12 AM 9:35
CLERK
TALLAHASSEE, FL

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.

/s/ Douglas Rowe

Signature of a member or authorized representative of a member

Douglas Rowe - Manager

Printed or typed name of signee

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.

David Roberts

Signature of Registered Agent