

N09000010275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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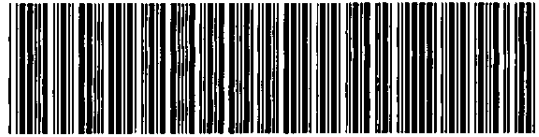
(Business Entity Name)

(Document Number)

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off. Resign.

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Renaissance Group of Central Florida  
Name of Corporation

**DOCUMENT NUMBER:** NO9000010275

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NABUCHI Grace ANDERSON  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

15508 Willet Ct.  
Address

Mascotte, FL 34753  
City/State and Zip Code

renaissancehope09@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NABUCHI GRACE ANDERSON at (352) 557-5108  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, NABUCHI Grace ANDERSON, hereby resign as Co-founder & Treasurer  
(Title)

of The Renaissance Group of Central Florida, Inc.  
(Name of Corporation)

NO9000010275, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Nabuch Anderson  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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