N18000003-615				
(Requestor's Name) (Address) (Address)	800395486588			
(City/State/Zip/Phone #)	11 11 220110609 (★*35.00)			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	SECRETARY OF STATE TALLAHASSEE, FL			
Office Use Only	Rachanaf			

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COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: Renegades of Real Estate Classic. Inc. Name of Corporation

DOCUMENT NUMBER: N18000003815

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:

Kyle Felty					
Name of Contact Person					
Law Office of Kyle Felty, P.A.					
Firm'Company					
725 N Hwy A1A, C112					
Address					
Jupiter, FL 33477					
City/State and Zip Code					
kyłe@kylefelty.com					
E-mail address: (to be used for future annual report not	ification)				
For further information concerning this matter, please call:			SECRETA	2022 OCT	
Kyle Felty at	(<u>561</u>) 507-0352	37		
Name of Contact Person	Area Code	& Daytime Telep	hone Nun	nb an Tr	304
Enclosed is a \$35.00 check made payable to the Departmen	t of State.			2:39)

<u>Mailing Address:</u> 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

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CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: <u>Renegades of Real Estate Classic. Inc.</u>

2. The principal office address: 3939 NE 5th Ave, A205, Boca Raton, FL 33431

PO Box 30503 Ft Lauderdale, FL 33301 3. The mailing address (if different):

n1800000381504/05/2018Document number: 4. Date of incorporation/qualification:

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Law Office of Kyle Felty, P.A.

1983 PGA Blvd #103

Palm Beach Gardens, FI 33408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Law Office of Kyle Felty, P.A. 725 N. Hwy A1A, C112 P.O. Box NOT acceptable Jupiter, FI 33477 The street address of its registered office and the street address of the business office of its registered as changed will be identical. ື ເກ Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. S 0 un officer or director Nignature 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Registered Agent Signatu If signing on behalf of an entity:

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)