P04000069909

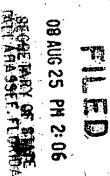
(Re	questor's Name)	
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Ra Change 09/02/08

COVER LETTER

TO: Amendment Section Division of Corporations
'SUBJECT: Renegade Properties of Central Florida Inc (Name of Corporation)
DOCUMENT NUMBER: P04000069909
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:
Clarence Bord
(Name of Contact Person)
(Firm/Company)
4839 SE 112th St-Rd. (Address)
(Address)
Belleview, 1=C 34420 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Clarence Boyd at (352) 347-4053 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Numb
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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

	o change his rog	istered offi	ce or regisi	tered age	nt, or both,	in th	e State oj	Florida	!.	
The name of th	e corporation:	Rene	gade .	Prope	rtier	o F	Centr	a1 F	forid	1a, Ir
The principal o	ffice address:	483	9 SE	: //	2 14	54	- Rd.			
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Date of incorpo	oration/qualificat	on: <u>4/</u>	36/04	Do	ocument nu	ımbe	r: <u> </u>	4000	10 69	909
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	street address of							office	25 PH 2	
	Cla	rence	Boyo	£					200	
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	Be11	eview	, FL	349	120			_		
he street addres changed will l	s of its registere be identical.	d office ar	id the stree	et address	of the bus	siness	office o	f its regi	istered a	gent,
uch change was uthorized by the	authorized by the board, or the co	esolution or orporation	duly adopt has been r	ed by its notified in	board of do writing o	irecto f the	ors or by change.	an offic	er so	
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(Signatur	e of an office r of titles		end agent	and agree	•		yped name a	•		
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(Sig	nature of Registered A	gent)		-		((Date)			
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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