

P10000081972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

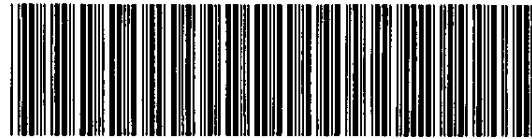
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700251006227

FILED  
18 SEP 16 PM 2:51  
NOTARY PUBLIC  
STATE OF ARIZONA

08/26/13--01026--013 \*\*35.00

ROCK  
9/19/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Renew Insurance, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P10000081972

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:

Mariza Gomez

Name of Contact Person

Renew Insurance, Inc.

Firm/Company

16533 NW 57 Avenue

Address

Miami Gardens, FL 33014

City/State and Zip Code

info@renewinsuranceinc.com

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

For further information concerning this matter, please call:

Mariza Gomez

Name of Contact Person

at ( 305 ) 624-7300

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2013

MARIZA GOMEZ  
16533 NW 57 AVE  
MIAMI GARDENS, FL 33014

SUBJECT: RENEW INSURANCE, INC  
Ref. Number: P10000081972

We have received your document for RENEW INSURANCE, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 713A00020869

**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: Renew Insurance, Inc.
2. The principal office address: 16533 NW 57 Avenue Miami Gardens, FL 33014
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/06/2010 Document number: P10000081972

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)

Renew Insurance, Inc.

7317 NW 36 Street

Miami, FL 33166

Mariza Gomez  
Renew Insurance  
FILED  
SEP 16 PM 2:51

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

16533 NW 57 Avenue

Miami Gardens, FL 33014

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

[Signature]  
Signature of an officer or director

Mariza Gomez, President

Printed or typed name and title

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.

[Signature]  
Signature of Registered Agent

08/20/13

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* 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 (03/12)