

P13000094074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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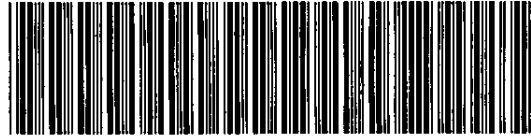
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DOCUMENT 1

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RENAISSANCE MAIDS, INC  
Name of Corporation

**DOCUMENT NUMBER:** P13000094074

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:

AUBIN JACK  
Name of Contact Person

RENAISSANCE MAIDS, INC  
Firm/Company

1001 W CYPRESS CREEK RD SUITE 314  
Address

FT LAUDERDALE, FL 33309  
City/State and Zip Code

JACKP.NATIONAL/ALERT SECURITY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUBIN JACK at (954) 772-2031  
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

**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: RENAISSANCE MAIDS, INC
2. The principal office address: 1001 W CYPRESS CREEK RD SUITE 314  
FT LAUDERDALE, FL 33309
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/18/2013 Document number: P13000694074
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)

AUBIN JACK  
10142 NW 30TH ST  
SUNRISE, FL 33351

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

AUBIN JACK  
1001 W CYPRESS CREEK RD SUITE 314  
FT LAUDERDALE, FL 33309

P.O. Box NOT acceptable

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

Aubin M Jack  
Signature of an officer or director

Aubin M Jack / 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.

Aubin M Jack  
Signature of Registered Agent

10/22/14  
Date

If signing on behalf of an entity:

Aubin M Jack  
Typed or Printed Name

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