(Requestor's Name					
(Address)	<u>.</u>	200180902			
(Address)					
(City/State/Zip/Pho	one #)				
PICK-UP WAIT	MAIL	05/17/1001013002			
(Business Entity N	ame)				
(Document Numbe	er)				
Certified Copies Certificat	tes of Status				
Special Instructions to Filing Officer:	(

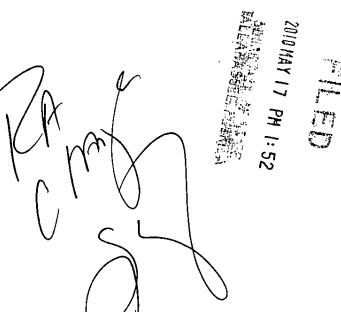
Office Use Only

5.18.18



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2 **35.00



COVER LETTER

	Amendment Section Division of Corporations	
SUBJEC	T: Northeast Renaissance Name of	Holdings, Inc. Corporation
DOCUM	IENT NUMBER:P99000043141	
	IENT NUMBER:	
The enclo	osed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please ret	turn all correspondence concerning this matt	er to the following:
	Melissa Jay Murphy, E	
	Name of C	ontact Person
		y, Hutson & Menet, P.A.
	Firm/C	Company
	P.O. Box 357399	
	Ac	Idress
		Commence of the second second
		35-7399
	City/State	and Zip Code
	1:	.
	melissam@salterlaw.ne E-mail address: (to be used for	future annual report notification)
	`	
B 6 .1	to the section of the	11.
For furthe	er information concerning this matter, please	e can:
Susan Fulford		at (352 416-0402
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed	is a \$35.00 check made payable to the Depa	artment of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
		2661 Executive Center Circle
	Tallahassee, FL 32314	Tallahassee, FL 32301
		•

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

statement of char	provisions of section nge is submitted for to change its regis	a corporation org	ganized un	der the laws of th	ne State of <u>F</u>	lorida		
1. The name of the	ne corporation:	Northeast I	Renaiss	ance Holding	gs, Inc.			
2. The principal of	office address:	4707 NW 53rd Avenue, Suite A						
3. The mailing ac	ldress (if different)	Gainesville	e, FL	32653				
4. Date of incorp	oration/qualification	n: 05/12/99	r	Occument numbe	r: <u>P990000</u>	43141		
	street address of the ment of State: (If re			d registered offic	e on file with t	he		
	Edward Je	ennings, Jr.						
	4707 NW 5	3rd Avenue,	Suite :	Α		- mel		
	Gainesvil	lle, FL 326	553		_		2010 H	-
6. The name and (if changed):	street address of th	e new registered a		anged) and /or re	gistered office		OIOMAY 17 PM	
		l6th Blvd, Bl						3
	3940 NW .		NOT accepta	ble			52	
	Gainesvil	ile, FL 326	505					
The street address changed will	ss of its registered be identical.	office and the str	eet addres	s of the business	office of its r	egistered	l agent,	
What K	s authorized by re- e board, or the cor		pted by its i notified Edward	Presicum	-Jr., Pres	ficer so ident		
. / 🗸	he appointment a. o comply with the d I am familiar with ng filed merely to the		and agre statutes re obligation the regis		apacity. apacity. oer and compl as registered a ress, I hereby o	'ete perfo igent. O confirm i	ormance r, if this that the	
Mlu	1 Juno	Mun/		5-14-10				
Sign	nature of Regultered Ager	"			Date			
If signing on bel	half of an entity:							
	ped or Printed Name	· 						
1 y	per or rimed rame							

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 * * *