

h20 000 137788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

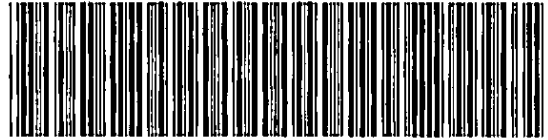
(Business Entity Name)

(Document Number)

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*JL*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RAINBOW BRIDGE TRADING LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alvaro Castillo  
\_\_\_\_\_  
Name of Person

Alvaro Castillo B., P.A.  
\_\_\_\_\_  
Firm/Company

1390 Brickell Avenue, Suite 200  
\_\_\_\_\_  
Address

Miami, Florida 33131  
\_\_\_\_\_  
City/State and Zip Code

alvaro@alvarocastillopa.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvaro Castillo at ( 305 ) 371-5540  
\_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: RAINBOW BRIDGE TRADING LLC
2. (a) 5080 Spectrum Dr.  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Suite 1000/E  
Addison, TX 75001
- (b) 5080 Spectrum Dr.  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Suite 1000/E  
Addison, TX 75001

3. 05/27/2020 Date of filing/registration in Florida
4. L20000137788 Document number

5. (a) NORTHWEST REGISTERED AGENT LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7901 4th ST N  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
STE 300  
St Petersburg, FL 33702

- (b) Alvaro Castillo B., P.A.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1390 Brickell Avenue  
NEW Registered Office Address:  
Suite 200  
Miami, FL 33131

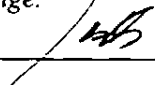
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent