769871

(Req	uestor's Name)	
(Addı	ress)	
(Address)		
(City/	State/Zip/Phone	#)
·		
PICK-UP	WAIT	MAIL
		:
(Busi	ness Entity Nam	<u>:</u>
(Doci	ument Number)	
•		
Certified Copies	. Certificates	of Status
,		
Special Instructions to Fi	ling Officer:	İ
<u> </u>		

Office Use Only



400159332094

Clary

08/24/09--01013--023 **35.00

SECRETARY OF STATE

FILED 2009 AUG 24 PH 4: 22

Res for

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Rain Dow Club Condominum Association, Inc. Name of Corporation
DOCUMENT NUMBER: 71.9871
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:
Name of Contact Person
·
LIGHTHOUSE PROPERTY MANAGEMENT Firm/Company
16 CHURCH ST Address
OSPREY FL 34229 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (941) 966-6844 Name of Contact Person Area Code & Daytime Telephone Number
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 Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of change is submitted for a corporation organized under the laws of the State of <u>FLORIDA</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The Rainbas Club Condominium Association, Line.
2. The principal office address:
3. The mailing address (if different):
4. Date of incorporation/qualification:
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)
PROGRESSIVE COMMUNITY MEMT.
1801 GLENGARY STREET, FL 1 SARASCTA FL 34231-3637 6. The name and street address of the new registered agent (if changed) and /or registered offices 2 (if changed):
SARASCTA FL 34231-3637
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):
Crystal Alired
A840 W Ray Dow Create, D-1 P.O Box NOT acceptable
Sarasota FL 34231
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 of an officer of director. 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 invaring of this change. Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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