ADD 00000 1923

(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



300366904663

08 24 01 80070 000 **35.00

R WETT JULY 3 2021

COVER LETTER

54	*1	**
77. D		
	tration Section	
Divisio	ion of Corporations	
SUBJECT:	End of the Rainbow, LLLP	
_	Name of Limited Partnership or Limited Liability L	imited Partnership
DOCUMENT	T NUMBER: A0000001923	
DOCUMENT	I NOMBER.	
	Statement of Change of Registered Office and/or mitted for filing.	Registered Agent and
Please return a	all correspondence concerning this matter to:	
Harvey Gold		
Harvey Gold	Contact Person	
Harvey Gold		
· · · · · · · · · · · · · · · · · · ·	Firm/Company	
· · · · · · · · · · · · · · · · · · ·	Firm/Company	
5050 N. Ocean I	Firm/Company Drive #1801 Address	
5050 N. Ocean I	Firm/Company Drive #1801 Address	
5050 N. Ocean I	Firm/Company Drive #1801 Address FL 33404 City, State and Zip Code	
5050 N. Ocean I Riviera Beach, F hgold@goldcap	Firm/Company Drive #1801 Address FL 33404 City, State and Zip Code	
5050 N. Ocean I Riviera Beach, F hgold@goldcap E-mail addr	Firm/Company Drive #1801 Address FL 33404 City, State and Zip Code pitalmgmt.com	
5050 N. Ocean I Riviera Beach, F hgold@goldcap E-mail addr	Firm/Company Drive #1801 Address FL 33404 City, State and Zip Code pitalmgmt.com ress: (to be used for future annual report notification) formation concerning this matter, please call:	75-0090

epartment of State.

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

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

· · · <u> </u>	ne Rainbow, LLLP		
ì	Name of Limited Partnership or Lim	ited Liability Limited Partnership	
2. December	er 1, 2000	_{3.} A0000001923	
		Florida document numb	—— — Эег
4. The name of the Department of State		office address as shown on the records o	f the Florida
	Harvey P. Gold		
	Nam	e	
	379 Eagle Drive		
	Addre	SS	
	Jupiter, FL 3347'	7	
	City, State		
5. The name and Fl	orida street address of the new regis	tered agent and/or office:	
	Nam		
	5050 N. Ocean D	rive #1801	
	Florida street address (P.C		
	Riviera Beach	FL 33404	-
	City, State	and Zip	
dewy You	s/are effective when filed by the Flo	rida Department of State.	
comply with the pro-	uppointment as registered agent and visions of all statutes relative to the than accept the obligations of my polytocological ted Agent	agree to act in this capacity. I further or open and complete performance of my osition as registered agent.	agree to duties,
Filing Fee:	\$35.00		

Certified Copy (optional): \$52.50