

H3185D

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

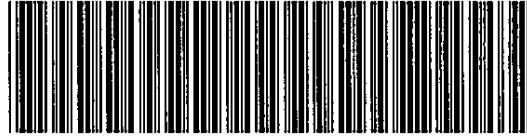
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100270191801

03/12/15--01011--013 **55.00

FILED
15 MAR 23 AM 5:22
SEAL: MAY 15 2015
CALL ANACOSTA FLORIDA

3-23-15

ARM
3-13-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2015

SAL CRISCUOLO
RAINBOW FRUIT & NUT CO., INC.
2431 CALEDONIAN ST
CLERMONT, FL 34711

SUBJECT: RAINBOW FRUIT & NUT CO., INC.
Ref. Number: H31850

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida Profit Corporation.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 715A00005174

FILED
15 MAR 23 AM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 MAR 23 PM 12:07
TALLAHASSEE, FLORIDA
REGISTRY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RAINBOW FRUIT & NUT CO., INC.
Name of Corporation

DOCUMENT NUMBER: H 31850

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:

SAL CRISCUOLO

Name of Contact Person

RAINBOW FRUIT & NUT CO., INC.

Firm/Company

2431 CALEDONIAN ST

Address

CLERMONT FL 34711

City/State and Zip Code

STC822 @ HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAL CRISCUOLO

Name of Contact Person

at (

407

) 850-2295
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

FILED
15 MAR 23 AM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RAINBOW FRUIT & NUT CO., INC.
2. The principal office address: 1271 LA QUINTA DR SUITE 3
ORLANDO FL 32809
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/29/84 Document number: H 31850

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)

SAC CRISCUOLO
1271 LA QUINTA DR SUITE 3
ORLANDO FL 32809

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

SAC CRISCUOLO
2431 CALEDONIAN DR
CLERMONT FL 34711

P.O. Box NOT acceptable

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]
Signature of an officer or director

SAC CRISCUOLO
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.

[Signature]
Signature of Registered Agent

3/20/15
Date

If signing on behalf of an entity:

SAC CRISCUOLO Press
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
15 MAR 23 AM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA