## D60006108

(Request	or's Name)	
(Address	)	
(Address	)	
(City/Stat	te/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busines	s Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing	Officer:	

•

Office Use Only



200110591342

10/11/07--01027--001 ++25.00

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

(850) 245-6052

MAILING: Dept. of State

**Division of Corporations** 

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Nevada Corporate Headquarters, Inc.

101 Convention Center Dr., Ste 700

Las Vegas, NV 89109

(800) 398-1077 (702) 889-6812

DATE: Tuesday, October 09, 2007

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent for RAINMAKER, LLC

We have included payment in the amount of \$25.00 for the following fees:

- Filing fee -\$25.00
- Other: Please "File" stamp & return other provided copy

If there are any questions, please call Amy Hunter at 800-398-1077.

Please return the file stamped copy in the postage paid envelope enclosed. Thank you for your continued service!

## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: RAINMAKER, LLC (Name of Limited L	iability Company)	
•	• • •	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
AMY HUNTER	<del></del>	
(Name of Person)		
CSC, INC. C/O-NEVADA CORPORATE HEA	DOUARTERS, INC.	
(Pirm/Company)		
101 CONVENTION CENTER DR. STE 700		
(Address)	<del></del> -	
LAS VEGAS, NV 89109		
(City/State and Zip Code)		
For further information concerning this matter, please	call:	
AMY HUNTER at ( 702	2 ) 873-3488 EXT. 3212	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananassee, Piona 32314	
Enclosed is a check for the following amoun	nt:	
\$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 608.416 or 608.508, 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. The name of the limited liability company is: RAINMAKER, LLC

agein, or boin, in me blace of 1 for ida.		
1. The name of the limited liability of	ompany is: RAINMAKER, LLC	
2. The mailing address of the limited	liability company is:	•
1625 MANATEE AVE., E. BRADENTON	N FL 34208	
06/15/2006	` L06000061087	
3. Date of filing/registration in Florid	da 4. Document nur	nber
5. The name of the registered agent ar Florida Department of State: JASON M	nd the registered office address as shown	on the records of the
<del>UAGON N</del>	Name	
1625 MAN	ATEE AVE., E	
	Address	•
BRADENT	ON FL 34208	,
	City, State and Zip	7.0
6. The name and address of the new r	egistered agent and/or office:	
BUSINESS	S FILINGS INCORPORATED	AR CI
	Name	25% = T
1203 GOV	ERNORS SQUARE BLVD., SUITE 101	me p m
Florida str	reet address (P.O. Box NOT acceptable)	To: =
TALLAHAS	SSEE FL 32301	ZUOTOCT II PH 1: 09 SECRETARY OF STATE SECRETARY OF STATE
	City, State and Zip	3
confirmed that after the change or cha and the business office of the register liability company, it is hereby confirm of the members of the limited liabilit or the operating agreement of the limited		of the registered office of a Florida limited ed by an affirmative vote e articles of organization
(Signature of Thember of authorized representated Hunter - authorized of typed name of signee)	ive of a member) Prized represenutive 07	famember
I hereby accept the appointment as r comply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this documed address, I hereby confirm that the lim	egistered agent and agree to act in this coules relative to the proper and complete per obligations of my position as registered in is being filed to merely reflect a change wited liability company has been notified in	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.
(Signature of Registered Agent)	secretary of Business filin	as Incurporated

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00