

L 100000/76/7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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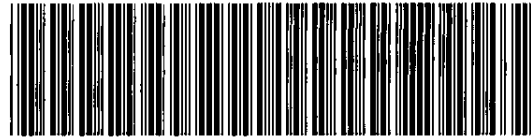
(Business Entity Name)

(Document Number)

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K. SALY
EXAMINER
NOV 22 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rain of Blessings, 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:

Chisato Igaue
Name of Person

Rain of Blessings, LLC
Firm/Company

13310 N. 56th Street
Address

Temple Terrace, FL 33617
City/State and Zip Code

chisatoiga@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chisato Igaue at (813) 265-3955
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 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. Name of the limited liability company: Rain of Blessings, LLC

2. (a) Principal office address of limited liability company: 13310 N. 56th Street

(Note: **MUST BE STREET ADDRESS**)

Temple Terrace, FL 33617

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

13310 N. 56th Street
Temple Terrace FL 33617

5/14/2010
3. Date of filing/registration in Florida

L10000017617
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Sexton, Wanda F

Registered Office Address:

13310 N. 56th Street
Temple Terrace FL 33617

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Paper Chase Accounting
AND FINANCIAL SERVICES, INC.

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

13310 N. 56th Street
Temple Terrace, FL 33617

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

Chisato Igane
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 608, 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.

Tammy Orallo
Signature of Registered Agent

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