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COVER LETTER

TO: Registration Section Division of Corporations Rainbow Fresh Cleaners 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: John E. Cruz

Name of Person Firm/Company 2231 N. WASHINGTON BLUD SARASOTA, FL 34234

City/State and Zip Code jerus 29624@yahod.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tohn E. Cruz at (732) 298-8854

Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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: Rainbo	ow Fresh Cleaners LLC
2. (a) Principal office address of limited liabili (Note: MUST BE STREET ADDRES)	
(b) Mailing address of limited liability comp (Note: MAY BE POST OFFICE BOX	
Sep/28/2011	L11000111296
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office	shown on the records of the Florida Dept. of State:
Registered Agent:	Henry Piedrahita
Registered Office Address:	2231 N Washington Blvd Sarasota Florida 34234
(b) Enter name of NEW Registered Agent NEW Registered Agent: NEW Registered Office Address:	John E. Cruz 2231 N. WASHINGTON BLUD
<u>(MUST BE FLORIDA STREET ADDI</u>	SALASOTA FL 342 34
confirmed that after the change or changes are n	
Tohn E. Cruz Printed or typed name of signee	
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligating Chapter 108, F.S. Or, if this document is being address, I hereby confirm that the limited liability of the statute of Registered Agent	ngent and agree to act in this capacity. I further agree to be to the proper and complete performance of my duties, ns of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.

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