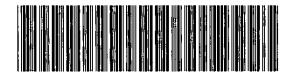
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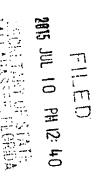
(Requestor's Name)					
(Address)					
· (Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Rain Protector	Rain Protector				
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Micha	ael Boyd					
	Name of Person		_			
Rain	Protector, LLC					
	Firm/Company	· · · · · · · · · · · · · · · · · · ·				
131 \	/ia Veracruz					
	Address					
Jupite	er, FL 33458					
	City/State and Zip Code		_			
micha	aelsboyd1@gmail.com					
E	E-mail address: (to be used for future ann	nual report noti	fication)			
For fu	ther information concerning this matter,	, please call:				
Micha	ael Boyd	239	273-3735			
	Name of Person		Area Code & Daytime Telephone Number			
Registration Section Reg Division of Corporations Divi Clifton Building P.O.		AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 illahassee, Florida 32314				
Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			
INHS1	8 (2/14)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company:	or, LLC		
2. (a)	Michael Boyd	(b	, Michael E	Boyd
- (- ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Ma	uiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	131 Via Veracruz		131 Via V	eracruz
	Jupiter, FL 33458		Jupiter, Fl	L 33458
	06/04/2013	<u> </u>	L1300	00080999
3.	Date of filing/registration in Florida	4.	E	Occument number
5. (a)	Michael Boyd			
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
	801 S Olive Ave			
	Registered Office Address (MUST BE FLORIDA STREET) Unit 1511	<u>ADDRESS</u>	<u>)</u>	TALL AND STATE OF STATE
	West Palm Beach	33401		5 5
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 131 Via Veracruz <u>NEW Registered Office Address:</u>	Office ad	dress:	6
	Jupiter , FL	33458		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regise ability confithe limited l	stered office a ompany, it is hited liability	and the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		F	Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	ree to act perform d for in (hereby co	t in this capac ance of my di Chapter 605, onfirm that th	ity. I further agree to comply with the attes, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
Signat	ure of Registered Agent			