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	To:				
	Division of Corporations Fax Number : (850)617-6383				
	From:				
	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081				
	Phone : (307)200-2803 Fax Number : (855)330-1010				
	rax Mulliber . (655)550-1010				
3: 50	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**				
. 7	Email Address:				
<u></u>					
<u> </u>	LLC REGISTERED AGENT CHANGE				
	RAINBOW RIVER EQUIPMENT & HOLDINGS LLC 🚟 🚊				
2022	RAINBOW RIVER EQUIPMENT & HOLDINGS LLC Certificate of Status 0				
	III. Cerented Copy				
	Davis Count				

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Estimated Charge

Corporate Filing Menu

Help

\$25.00

NOV 17 2022

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.

Florida. 1. Nar		w Riv <u>e</u> r	Equipment & Holdings LLC
2. (a) _		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/27/21	L	21000471584
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	HARVARD BUSINESS SERVICES	, INC.	
J. (G)	Registered Agent and Registered Office shown on the records		ept. of State:
	16192 COASTAL HIGHWAY		
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDRESS)</u>	
	LEWES DE	FL 19958	2022
(b)	Registered Agents Inc		2022 NOV SECRETAL LAND
	Enter name of NEW Registered Agent and/or NEW Registe	ered Office addre	<u>\$20 </u>
	7901 4th St N		
	NEW Registered Office Address: STE 300		是 长
	St. Petersburg	, FL_33702	
the cha agent w was/we the arti-	will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of the control of a member of a mem	s of the registed liability comers of the limited lia Riley	ered office and the business office of the registered office and the business office of the registered of the change(s) and liability company or as otherwise provided in

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent