

N254107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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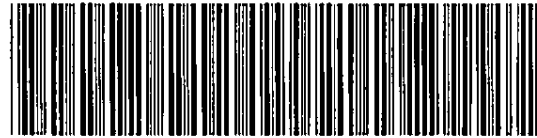
(Business Entity Name)

(Document Number)

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*Rachy*

R. WHITE

DEC 12 2017

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17 DEC -8 AM 11:31  
SIXTH FLOOR  
TALLAHASSEE, FL 32304

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: RAINBOW WOODS HOMEOWNERS' ASSOCIATION, Inc.  
Name of Corporation

DOCUMENT NUMBER: N 25407

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EILEEN HARTMAN  
Name of Contact Person

RAINBOW WOODS HOMEOWNERS' ASSOCIATION, Inc.  
Firm/Company

3346 AUGUSTINE ROAD  
Address

SPRING HILL, FLA. 34609  
City/State and Zip Code

RAINBOWWOODSHOA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EILEEN HARTMAN at ( 914 ) 879-3113  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RAINBOW WOODS HOMEOWNERS' ASSOCIATION, Inc.
2. The principal office address: 3346 AUGUSTINE ROAD, SPRING HILL,  
FLA. 34609
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N25407
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)  
RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

EILEEN HARTMAN -  
11340 ORANGEWOOD CT.  
P.O. Box NOT acceptable  
SPRING HILL, FL. 34609

SECRET  
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

x Jill Hef  
Signature of an officer or director

EILEEN HARTMAN - PRESIDENT  
Printed or typed name and title

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 obligation of my position as registered  
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I  
hereby confirm that the corporation has been notified in writing of this change.

x Jill Hef  
Signature of Registered Agent

12/05/2017  
Date

If signing on behalf of an entity:

Eileen Hartman  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314