194000002954 Requester's Name

Rainbow Beginning Ministries, Inc.

"A Christian Rehabilitation Facility for the Homeless" P.O. Box 382172 Miami, Florida 33238

CR2E031(7/97)

300004738233--5 -12/26/01--01033--003 ******70.00 ******35.00

Office Use Only

Examiner's Initials

T BROWN JAN - 4 2002

CORPORATION NAME(S)	& DOCUMENT NUMBER(S)	, (if known):
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(Corporation Name)	(Document #)			°amerky-se = =
2. (Corporation Name)	(Document #)		_	±
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(Corporation Name)	(Document #)		26 PH	<u>.</u>
(Corporation Name)	(Document #)	ORIDA	- ب و	
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	Certified Copy Certificate of Stat	us	
NEW FILINGS	AMENDMENTS			-
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R Change of Regist Dissolution/With Merger			
OTHER FILINGS	REGISTRATION/C	<u>DUALIFICATION</u>		
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partners ☐ Reinstatement ☐ Trademark ☐ Other	hip 		· · · -

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

Pursuant to the provisions of sections 607.0502, 617.0502, the undersigned corporation organized under the laws of the S	607.1508, or 617.1508, Florida Statutes,
submits the following statement in order to change its registe the State of Florida.	
1. The name of the corporation: RAINBOW BEGIN	NING MINISTRIES, INC.
	42.3
2. The mailing address of the corporation: 3290 NORTH	WEST 47 STREET
MIAMI, PLO	RTOA 33142
3. Date of incorporation/qualification: O(o) 15 / 194	Document number: N94000 82 955
4. The name and address of the current registered agent and off	fice:
VAL WEST	
17160 S.W. 94th Avenue	
5. The name and address of the new registered agent (if change (P. O. Box Not Acceptable)	ed) and/or registered office (if changed).
VIVIAN CLAYTON	
7740 Plantation BLVD)
milamar, FLORTOR 3:	-
The street address of its registered office and the street addres agent, as changed, will be identical.	s of the business office of its registered
Such change was authorized by resolution duly adopted by its authorized by the board.	board of directors or by an officer so
aight	10/20/01
(Signature of an officer, chairman or vice chairman of the board)	(Date)
VINIAN CLAYTEN	
(Printed or typed name and title) Having been named as registered agent and to accept service	of process for the above stated
I further agree to comply with the provisions of all statutes rel performance of my duties, and I am familiar with and accept t	ent and agree to act in this capacity. In the proper and complete
registered agent	10/26/01
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity: VIVIAN Clay Tox	Redident
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00	***
CR2E045(9/00) DIVISION OF CORPORATIONS P.O. Box 6327	TALLAHASSEE FL 32314

P.O. Box 6327

TALLAHASSEE, FL 32314