

PD1000112339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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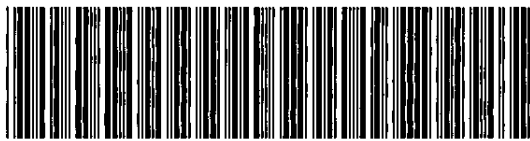
(Business Entity Name)

(Document Number)

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@ 2/20/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RAINBOW SPRINGS COMMUNITY REALTY, INC.
Name of Corporation

DOCUMENT NUMBER: PO1000112339

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:

DONALD NEWMAN
Name of Contact Person

RAINBOW SPRINGS COMMUNITY REALTY, INC.
Firm/Company

8233 S.W. 196TH CT. RD.
Address

DUNNELLON, FL. 34432
City/State and Zip Code

dnewmantrs@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D Newman at (352) 522-1198
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 SPRINGS COMMUNITY REALTY, INC.
2. The principal office address: 8233 S.W. 196th CT. Rd.
Dunnellon, FL 34437
3. The mailing address (if different): P.O. Box 627
Dunnellon, FL 34430
4. Date of incorporation/qualification: 11/27/01 Document number: PO1000112339

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)

KIETH CATON (Resigned)
8625 S.W. 200th Circle
Dunnellon, FL 34431

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

ANTHONY J. POWELL
8233 S.W. 196th CT. Rd.
8625 S.W. 200 Circle
P.O. Box NOT acceptable
DUNNELLON FL 34437

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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.

[Signature]
Signature of an officer or director

DON NEWMAN
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.

[Signature]
Signature of Registered Agent

02/13/2012
Date

If signing on behalf of an entity:

ANTHONY J. POWELL
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
CR2E045 (8/05)