

P100000066914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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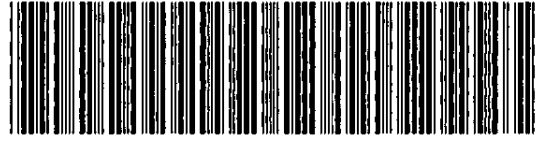
(Business Entity Name)

(Document Number)

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12 MAR 26 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 03 2012  
T. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rainbow Coral Corp.  
Name of Corporation

**DOCUMENT NUMBER:** P10000066914

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:

Sarah Rayburn  
Name of Contact Person

Vcorp Services, LLC  
Firm/Company

25 Robert Pitt Dr Ste 204  
Address

Monsey, NY 10952  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sarah Rayburn at ( 845 ) 4250077 x 151  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Rainbow Coral Corp.
2. The principal office address: 291 LACOSTA RD, NOKOMIS, FL 34275
3. The mailing address (if different): 291 LACOSTA RD, NOKOMIS, FL 34275
4. Date of incorporation/qualification: 08/13/2010 Document number: P10000066914
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)

FOXWELL, LOUIS

291 LACOSTA RD

NOKOMIS, FL 34275

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

Vcorp Services, LLC

5011 South State Road 7, Suite 106


P.O. Box NOT acceptable

Davie, Florida 33314

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**TALLAHASSEE, FLORIDA**

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 of an officer or director

PATRICK BROWN, CEO  
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 of Registered Agent

3/26/12  
Date

If signing on behalf of an entity:

Sarah A. Rayburn, Secretary  
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