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Change P Addition

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DOCUMENT # P9600061573  1. Entity Name RAINBOW ART & DESIGN, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Pla 4750 W CUR TAMPA FL 3		4750 W	Address CURTIS ST FL 33614			01 SEP 25 PH 2:		
2. Principal	I Place of Business	3. Mailin	ng Address					
Suite, Apt	it. #, etc.	Suite,	Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE	
City & Sta	ate	City &	State			4. FEI Number 59-3389877		plied For
Zip	Country	Zip	•••	Country		5. Certificate of Status Desired	¢0.75	itional
	6. Name and Address of Curr	rent Registered	Agent			7. Name and Address of New Registe		1
RÔTH, J	ikov e	-4			lame			,,, <u> </u>
-	CURTIS ST			Str	treet Address (P.0	O. Box Number is Not Acceptable)		
TAMPA F								
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				Cit	ity		FI Zip Code	
8. The above	e named entity submits this stateme	et for the purpose	of changing its			<u> </u>	FL Zip Code	)
•		int for the purposi	e of changing its			d agent, or both, in the State of Florida.	FL Zip Code	,
8. The above				s registered off		d agent, or both, in the State of Florida.	FL Zip Code	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applica	able. (NOTE	s registered off	ffice or registered	d agent, or both, in the State of Florida.	ATE	
SIGNATURE  9. This corp Tax filing	Signature, typed or printed name of registered of portation is eligible to satisfy its Intang prequirement and elects to do so.	agent and title if applica	able. (NOTE	E: Registered Agent	ffice or registered on signature required when \$550.00 will be \$750.00	d agent, or both, in the State of Florida.  hen reinstating)  10. Election Campaign Financing	ATE \$5.00	D May Be to Fees
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SIGNATURE: DISCONATURE OF SIGNATURE DE SIGNA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP