I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

PRESIDENT

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	PAGE, TOWNIE S	Name	PAGE, LORIN G
Address	1545 HEIM RD	Address	2007 ARLINGTON PL
City-State-Zip:	MT. DORA FL 32757	City-State-Zip:	HENDERSONVILLE NC 28791

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOWNIE SHARLYN PAGE

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: PAGE FIVE HOLDINGS LLC

Current Principal Place of Business:

1545 HEIM RD MT. DORA, FL 32757

Current Mailing Address:

1545 HEIM RD MT. DORA. FL 32757

FEI Number: 82-1823680

Name and Address of Current Registered Agent:

PAGE, TOWNIE S 1545 HEIM RD MT. DORA, FL 32757 US

Date

Certificate of Status Desired: No