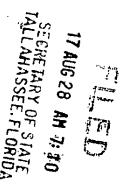


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PICK-UP WAIT MA	L	
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COVER LETTER

TO: Registration Section Division of Corporations				
RE Holdings, LLC				
	ne of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Lisa Barry				
Name of Person				
RE Holdings, LLC				
Firm/Company				
10601 Belcher Road South				
Address				
Seminole, FL 33777				
City/State and Zip Code				
corporations@goapg.com				
E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this matter,	please call:			
Lisa Barry	727 479-0731			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	lame of the limited liability company: RE Holdin	gs, LLC			
2. (a)		(b) sai	(h) same as office address		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	10601 Belcher Road South				
	Seminole, FL 33777				
	01/12/2012				
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	Cummins, Tom				
J. (u	Registered Agent and Registered Office shown on the record	ls of the Florida Dept.	of State:		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	1		
	10601 Belcher Road South		AHO AHO		
	Seminole, FL 33777	, _{FL} 33777	SSEY		
(b)			EF SI # D		
. ,	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	STATE LORIDA		
•	Northwest Registered Agent, LLC		DA.		
	NEW Registered Office Address:				
	3030 N. Rocky Point Dr. STE 150A				
	Татра	, _{FL} 33607			
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite vere authorized by an affirmative vote of the member of organization or the operating agreement of	s of the registered d liability compar ers of the limited l	I office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in		
_		Tom Cu	ımmins		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee		
I here provis the ob- to me notifie	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comp oligations of my position as registered agent as prov rely reflect a change in the registered office addressed in writing of this change.	agree to act in th lele performance vided for in Chapt s, I hereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been		

Tom Glover, Manager

Signature of Registered Agent