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SECRETARY OF STATE

## COVER LETTER

TO: Registration Section Division of Corporations	·	
SUBJECT: REUNION Excitement, LLC (Name of Limited Liability Cor	npany)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fol	lowing:	
John W. Salm, III (Name of Person)		
J.W. S. 3 Enterprises, Inc. (Firm/Company)		
12432 Collins Rd. (Address)		
Bishopuille MD 21813 (City/State and Zip Code)		
For further information concerning this matter, please call:		
PHILIP F. BONUS Esa at (407) 4  (Name of Person) (Area (	25 - 2786 Code & Daytime Telephone Number)	
Registration SectionRegistrationDivision of CorporationsDivision ofClifton BuildingP.O. Box 6	Corporations	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$55 Filing	g Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or bont, in the state of 1 to had.
1. The name of the limited liability company is: Reunion Excitement, LLC.
2. The mailing address of the limited liability company is: 12432 Collins Rev.
Bishopville, MD 21813
9 14 /04 LO 400067414  3. Date of filing/registration in Florida  4. Document number
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Paul Simendinger  Name
Name
444 Woodbury Pines Circle
Name  444 Woodbury Pines Circle  Address  Orlando, FL 32828  City, State and Zip  6 The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:
PHILIP F. BONOS, ESCO.
6. The name and address of the new registered agent and/or office:  PHILIP F. BONUS, ESO.  Name  170 EAST WASHINGTON  Florida street address (P.O. Box NOT acceptable)  PHILIP F. BONUS, ESO.  PHILIP F. BONUS, ESO.  PHILIP F. BONUS, ESO.  170 EAST WASHINGTON  PHILIP PHI
Florida street address (P.O. Box NOT acceptable)
ORLANDO FL 32801
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
John W. Salm, II/ President V.W.S.3 Enterprises, Inc - Manager (Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F,S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)