L04000001414

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Reunion Excitement LLC (Name of L	imited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Philip F. Bonus, Esquire (Name of Person)		
Bonus Law Firm (Firm/Company)		
1115 E. Concord Street		
(Address)		
Orlando, Florida 32803		
(City/State and Zip Code)	<u> </u>	
For further information concerning this matte	er, please call:	
Philip F. Bonus, Esquire	at (407) 835-8811	
(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	g amount:	
✓ \$25 Filing Fee	\$55 Filing 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.

1. The name of the lin	mited liability compar	ny is: Reunion Excitement, LLC			
2. The mailing address	ss of the limited liabil	ity company is : John W. Salm, III, P.C). Box 311		
Cape Charles, VA	A 23310				
9/14/04		L04000067414			
3. Date of filing/registration in Florida		4. Document numb	4. Document number		
5. The name of the rep Florida Department		registered office address as shown or	the records of the		
	Philip F. Bonus	s, Esquire			
	170 E. Washing	Name 170 E. Washington Street			
	Address		72.5		
	Orlando, Florida 32803 City, State and Zip				
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6. The name and addr	ess of the new registe	red agent and/or office:	2007 MAY 31 SECRETAR)		
	Philip F. Bonus, Esquire				
	Name				
		1115 E. Concord Street			
	Florida street ac	ddress (P.O. Box NOT acceptable)	M 4: 20 STATE FLORIDA		
	Orlando,	FL 32803			
	C	City, State and Zip			
confirmed that after the and the business office liability company, it is of the members of the or the operating agree	ne change or changes e of the registered ages hereby confirmed the limited liability comment of the limited liability.		f the registered office f a Florida limited by an affirmative vote		
(Signature of a member or a	uthorized representative of a	member) John W. Selm, III, President JWS3 Enterprises, Inc.			
John W. Salm, III	·	Marager for Reunion Excitement, LLC			
(Printed or typed name of si	gnee)				
I hereby accept the a comply with the provi and I am familiar with Chapter 608, F.S. Or address, I hereby con	ppointment as registe sions of all statutes re n and accept the oblig , if this document is b firm that the limited t	red agent and agree to act in this cap elative to the proper and complete per ations of my position as registered as elay filed to merely reflect a change i ability company has been notified in	acity. I further agree to formance of my duties, ent as provided for in in the registered office writing of this change.		
(Signature of Registered Ag	ent)	1747 \$2080.			
		2017年1日 第16年65年65日			

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