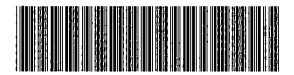
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| (Requestor's Name) | | |
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| (Address) | | |
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| (Address) | | |
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| (City/State/Zip/Phone #) | | |
| | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
| | | |
| Special Instructions to Filing Officer: | | |
| Openial management in ming officer. | | |
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Office Use Only



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SECRETARY OF STATE
TAILAHASSEE, FLORIDA

C. LEWIS

APR 6 2010

EXAMINER

COVER LETTER

| TO: *Registration Section Division of Corporations | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| SUBJECT: Reif LLC Name of Limited | 20 380 749 6 d Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| A ya z Viñ | | |
| Re:F LLC Firm/Company | | |
| 117 Franklin Square | _ | |
| Mechanicsb City/State and Zip Code | | |
| E-mail address: (to be used for fluture annual report notification) For further information concerning this matter, please call: | | |
| | | |
| Name of Person at (| 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 | |

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. Name of the limited liability company: Re: Re: | |
| 2. (a) Principal office address of limited liability company | y: |
| (Note: MUST BE STREET ADDRESS) | 13191 Starkey Rd #3 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | Mechanicabus, PA 17050 |
| 11/17/2005 | LOS000111170 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | Angela J Wight |
| Registered Office Address: | 406 Sunbulst C+. |
| • | 406 Sunbulst Ct. Suite A Clearward FL 33755 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : | CW Registered Office address: |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 13151 Stalker Rd #3 |
| | <u> </u> |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by. |
| Printed or typed name of signee | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company | المسابعين أنها الماسي |
| Signature of Registered Agent | LAH. |
| Division of Corporations, P.O. Box 6 FILING FEE: | 0// |