

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000074511

FILED
May 01, 2008
Secretary of State

Entity Name: HANDOVER INVESTMENTS, LLC

Current Principal Place of Business:

THE OFFICE
516 S. GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

1072 PENINSULA DR.
ORMOND BEACH, FL 32174

Current Mailing Address:

THE OFFICE
516 S. GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118

New Mailing Address:

1072 PENINSULA DR.
ORMOND BEACH, FL 32174

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCNEELY, BRENDA
THE OFFICE
516 S. GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

SHERRIE, HINES
1072 PENINSULA DR.
ORMOND BEACH, FL 32174 US

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: SHERRIE HINES

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCNEELY, BRENDA
Address: THE OFFICE, 516 S. GRANDVIEW AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES:

Title: MS (X) Change () Addition
Name: SHERIE, HINES
Address: 1072 PENINSULA DR
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHERRIE HINES

MS

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date