

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000040054

FILED
Oct 28, 2008
Secretary of State

Entity Name: HOLLAND/LAMPE HOLDINGS, LLC

Current Principal Place of Business:

4440 MERRIMACK AVE.
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

4440 MERRIMAC AVE.
JACKSONVILLE, FL 32210 US

Current Mailing Address:

4440 MERRIMACK AVE.
JACKSONVILLE, FL 32210 US

New Mailing Address:

4440 MERRIMAC AVE.
JACKSONVILLE, FL 32210 US

FEI Number: 20-8854835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMPE, WALTER M
4440 MERRIMACK AVE.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

LAMPE, WALTER M
4440 MERRIMAC AVE.
JACKSONVILLE, FL 32210 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: WALTER M. LAMPE

10/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAMPE, WALTER M
Address: 4440 MERRIMACK AVE.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGR () Delete
Name: HOLLAND, JOHN ROB
Address: 4114 HERSCHEL ST.
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAMPE, WALTER M
Address: 4440 MERRIMAC AVE.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WALTER M. LAMPE

MGR

10/28/2008

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