2009 LIMITED LIABILITY COMPANY

RICHARDA MINNICK, LLC Photolos Prace of Bearinss 17300 PRITCHETT PARKWAY NF MIRES, FL 33917 Proposed Prace of Bearinss 17300 PRITCHETT PARKWAY NF MIRES, FL 33917 Proposed Prace of Bearinss 17300 PRITCHETT PARKWAY NF MIRES, FL 33917 Proposed Prace of Bearinss 17300 PRITCHETT PARKWAY NF MIRES, FL 33917 Proposed Prace of Bearinss Sure, Apt. #, etc. D7102009 REIN-LLC CR26101 (1/07) Page 100			REINSTA									
2. Principal Place of Business - No P. O. Box #	1. Entity Name							2009 JUL 14 AM 10: 37				
Suite, Apt. #, etc. Suite, Apt. #, etc.	17300 PRIT	CHETT PARK	(WAY	17300 PRITCHETT PARKWAY			SECRETARY UT TALLAHASSEE, FLORIDA					
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Coy & State Country Zip Country A. FEI Name A. FEI Name State Desired \$5.00 Additional for Reported For Reported For Name and Address of Current Registered Agent Name INSTITUTE MINNICK RICHARD A 17300 PRITCHETT PARKWAY NFT MYERS, FL 33917 FILE NOWITI FEE 19 \$277.50 In accordance with 6 07.193(2)(b), F.S., the limited In accordance with 6 07.1	<u> </u>		ness - No P.O. Box #									
Zep Country Zip Country S. Certificate of Status Desired	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			07102009	REIN-LLC	CR2E	101 (1/07)		
S. Name and Address of Current Registered Agent S. Certificate of Status Desired Secondarial Status Continued Registered Agent Secondarial Status Continued Registered Agent Name Na		le						4. FEI Numbe	3f			oplied For of Applicable
MINNICK RICHARD A 17300 PRITCHETT PARKWAY NFT MYERS, FL 33917 City FL Zp Code 8. The above named critity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tem familiar with, and acceptable to the colligations of registered agent. SIGNATURE SQUARM, speed or provide any or that application of the purpose of changing its registered agent, or both, in the State of Florida. Tem familiar with, and acceptable to the colligations of registered agent. PILE NOWITH FEE IS \$277.50 In accordance with 6.607.193(2)(b), F.S., the limited liability company did not receive the prior notice. MARKI MARKI MINNICK, RICHARD A SIREF ADDRESS 100. MANNAGING MEMBERS/MANNAGERS 10. MORRI MINNICK, RICHARD A SIREF ADDRESS 100. MORRI MORRI MINNICK, RICHARD A SIREF ADDRESS 100. MORRI	Zip		Country	Zip	try							
MINNICK RICHARD A 17300 PRITCHETT PARKWAY N FT MYERS, FL 33917 8. The above named critily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits of registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits of registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits of registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits of registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits of registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits of registered agent, or both, in the State of Florida. Park with a control of registered agent, or both, in the State of Florida. Park with a control of registered agent, or both, in the State of Florida. Park with a control of registered agent, or both, in the State of Florida. Park with a control of registered agent, or both, in the State of Florida. Park with a control of registered agent, or both, in the State of Florida. Park with a control of registered agent, or both, in the State of Florida. Park with a control of registered agent, or both, in the State of Florida. Park with a control of registered agent, or both in the State of Florida. Park with a control of registered agent, or both in the State of Florida. Park with a control of registered agent, or both in the State of Florida. Park with a control of registered agent, or both in the State of Florida. Park with a control of registered agent, or both in the State of Florida. Park with a control of registered agent, or both in the State of Florida. Park with a control of registered agent, or both in the state of Florida. Park with a control of registered agent, or both in the State of Florida. Park with a control of registered agent, or both in the State of Florida. Park with a contro		6. Name	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorids. I am Ismiliar with, and accordance with a Collegations of registered agent, or both, in the State of Rorids. I am Ismiliar with, and accordance with a Collegation of registered agent, or both, in the State of Rorids. I am Ismiliar with, and accordance with a Collegation of registered agent, or both, in the State of Rorids. I am Ismiliar with, and accordance with a Collegation of Rorids agents	17300 PRI	ITCHETT!	PARKWAY		L							
SIGNATURE SULF A						City				FL	Zip Cod	e
FILE NOW!!! FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited fability company did not receive the prior notice. In accordance with s. 607.193(2)(b), F.S., the limited fability company did not receive the prior notice. In accordance with s. 607.193(2)(b), F.S., the limited fability company did not receive the prior notice. In accordance with s. 607.193(2)(b), F.S., the limited fability company of the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information inclined recovery or the receiver or trustee empowered to execute the recovery or trustee empowered to the secure the recovery or trustee empowered to execute the recovery or trustee folds.	8. 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. I am familiar with, and accept the obligations of registered agent.											
Size Address City-St-2ip Change Add Address	SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Regi						sture require	d when reinstating)		DATE	0-09	
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