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## **COVER LETTER**

TO: Registration Section Division of Corporations							
·							
SUBJECT: REININK, LLC							
Name	of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the following:						
William T. Link, Jr.							
Name of Person							
Reed & Mawhinney, P.L.							
Firm/Company							
1611 Harden Blvd.							
Address							
Lakeland, FL 33803							
City/State and Zip Code							
will@polklawyer.com							
E-mail address: (to be used for future annu	nal report notification)						
For further information concerning this matter, p	please call:						
Linda Marichal	863 687-1771						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327						
2661 Executive Center Circle	Tallahassee, Florida 32314						
Tallahassee, Florida 32301	Turidiased, Frontal 525 FV						
Enclosed is a check for the following amount:							
2 \$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 605.0114 or 605.0116, 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: REININK, LL	C	_					· · · · ·
2. (a	)	<del></del>	(b)					
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				iling address of limit	-	-	-
	4241 SADDLECREEK ROAD			4241 SAD	DLECREEK F	ROAD		
	LAKELAND, FLORIDA 33801	<del></del>		LAKELAN	D, FLORIDA	33801		
	10/24/2008		L	08000100	235			
3.	Date of filing/registration in Florida	<b>-</b> 4.	-	D	ocument number			
5. (a	a)							
J. (.	Registered Agent and Registered Office shown on the records of  C. GEOFFREY VINING	the Flor	ida I	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	1611 HARDEN BLVD.						7.	
	LAKELAND , FI	3380	3					
							<u></u>	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	oddr	000'			***	フ
	Enter name of the W Registered Agent and of the W Registered	Office	auui	<u>c33</u> .			<u>::-</u>	
	REED & MAWHINNEY, P.L.						8	
	NEW Registered Office Address:			<u> </u>				
	1611 HARDEN BLVD.							
	LAKELAND	2220	2					
	FI.	3380	<u> </u>					
the cl agent was/v	limited liability company is not organized under the lar nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the re ability of the limite	gisto con imit d lia	ered office a npany, it is h ed liability c	nd the business of the confirmed company or as of the company.	office of that the	he reg change	istered (s)
Sign	nature of a member or authorized representative of a member			Pi	rinted or typed name	of signee		
provi the oi to me notifi	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to a perfor d for ii hereby	act it mar n Ch com	n this capaci ace of my du apter 605, F firm that the	ity. I further agr ties, and I am fai F.S. Or, if this do e limited liability	ree to con miliar wil ocument i ocompany	iply wi h and s bein has b	th the accept g filed een
Signa	ture of Registered Agent	o (o	<b>45</b>	<b>20</b> 11 1	TT 00011			