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COVER LETTER

TO: Registration Section Division of Corporations		•		
REL Two, LLC				
	ame of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change an	nd fee(s) are submitted for filing.		
Please return all correspondence concerning				
Robert E. Lyons, II				
Name of Person	· · · · · · · · · · · · · · · · · · ·			
REL Two, LLC				
Firm/Company				
PO Box 152				
Address				
Largo, FL 33779			7 7 E. S	
City/State and Zip Code			July 23 Par	
Lyons_re@yahoo.com			23 1	
E-mail address: (to be used for future an	nual report noti	fication)	7	
For further information concerning this matter	r, please call:		JUN 23 PH IZ: 24	
Kenneth Arsenault	727 at (584-1199	•	
Name of Person	<u> </u>	Area Code & Daytime Telepho	one 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	g amount:			
☑ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy		
INHS18 (2/14)				

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. N	ame of the limited liability company: REL Two, LL	С		
2. (a)	10225 Ulmerton Road	(b) PO Box		52
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) Suite 2	(0	Ma	iling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Largo, FL 33771	_	Largo, FL	33779
	05-12-2010		L10000051	266
3.5. (a)	Date of filing/registration in Florida Kenneth Arsenault	4.	D	ocument number
J. (a)	Registered Agent and Registered Office shown on the records of the 10225 Ulmerton Road	he Florida	Dept of State	
	Registered Office Address (MUST BE FLORIDA STREET A Suite 2	DDRESS)		
	Largo FL_	33771		
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	FILEU 24
	NEW Registered Office Address Suite E	<u>-</u>		
	Indian Shores	33785		21
agent w vas/wer	mited liability company is not organized under the laws age or changes are made, the Florida street address of the tidentical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of less of organization or the operating agreement of the liable.	ility con the limit mited lia	ered office an ipany, it is he ed liability co bility compar	d the business office of the registered reby confirmed that the change(s) impany or as otherwise provided in by.
Signatu	re of a member or authorized representative of a member	Robe	ert E. Lyons	
Lhereh	accept the appointment as registered agent and agree as of all statutes relative to the proper and complete parations of my position as registered agent as provided pareflect a change in the registered office address, I he in writing of this change.	to act in erforman or in Ch reby con		nted or typed name of signee y. I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been

Signature of Registered Agent