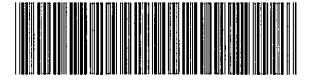
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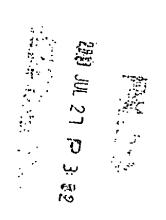
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations					
SUBJECT: /R RE Hold	lings, LLC				
Na	me of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning t	his matter to the following:				
Joseph Mullins Name of Person	<u> </u>				
Iluka Resources, :	Inc.				
12472 St. John Address	Church Rd.				
Stony Creek, VA City/State and Zip Code	23882				
Donna. Huff@ Iluka. Com E-mail address: (to be used for future an	nual report notification)				
For further information concerning this matter	r, please call:				
Donna Huff	at ( 434 ) 348 - 4315				
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	, a				
Enclosed is a check for the following	g amount:				
\$25 Filing Fee					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH | LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability con submits the following statement in order to change its registered office or registered agent, or both, in the Sta Florida.

1.104.10	u.					
1. N	ame of the limited liability company: 18 RE	1	_			
2. (a)	Iluka Resources, Inc.	(b)	Iluka	Resour	ces, .	Inc.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ng address of lin ote: MAY BE P		
	12472 St. John Church Roc	ad _	12472	St. Jo	hn C	hurch
	Stony Creek, VA 23882		Stony	Creek,	√A	23 (
	October 29, 2014			4000 25	3094	<i>‡</i>
3.	Date of filing/registration in Florida	4.	Do	cument numb	ег	
5. (a	Charles F. Mills, III					
_ · · · · · · · · · · · · · · · · · · ·	Registered Agent and Registered Office shown on the records of	of the Florida D	ept. of State:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)				
	1301 Riverplace Boulevar	d, Ste	/S00		_	
	Jackson ville,,	ե <u> 32</u>	207	2 m		
(b)	Charles F. Mills, III				JUL 27	٠.٤٠
` '	Enter name of NEW Registered Agent and/or NEW Register	ed Office addr	ess:		المسر	4
				<u>.</u>	, <b>'</b>	ي مين معني
	NEW Projectored Office Address:				ريا ئ دوم ن	<b>.</b>
	NEW Registered Office Address:	<b>.</b>		Ÿ	410	<b>&gt;</b>
	One Independent Drive,	5te. 1	200			
	Jacksonville	i <u>l</u> 322	.02_			
	limited liability company is not organized under the l					
the ch	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	of the registe liability com	ered office and loany, it is he	d the business reby confirme	office of that the	f the regis e change(
was/w	ere authorized by an affirmative vote of the members	of the limit	ed liability co	mpany or as o	therwise	provided
ine an	ticles of organization or the operating agreement of the		•		~ C	ملمسيد
Sign	afure of a member of authorized representative of a member		Pri	D. Mullig nted or typed nar	اک رحرا ne of signe	<u>=                                    </u>
-				* *	-	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has be notified in writing of this change.

Signature of Registered Agent