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Entity Name	MENT # L99000	0006351			FIL	.ED	,
R2 HOLDII	NGS, L.L.C.				01 MAR 21	AM 10: 40	
Principal Place	of Rusiness	Mailing Address			SEGRETARY TALLAHASSI	Y OF STATE	
801 W. STATE	ROAD 436. SUITE 1079	801 W. STATE ROAD 436 ALTAMONTE SPRINGS FL			IALLAHASS	EL. (LONIDA	
ALIAMONIE SI	PRINGS FL 32714	ALIAMONIE SPRINGS IL	. 92714		I Beligii den igen igen ibile belie den i	BATA BBYAK BBAKK BAKKA ANIBA	A 14 B & 14 B A 14 B A
2. Principal Pla	ace of Business	3. Mailing Address					
32 <i>E</i> Suite, Apt. #	East Plant Street	32 63+ Pla Suite, Apt. #, etc.	nt Street		DO NOT WRITE I	N THIS SPACE	
City & State	Garden FL	City & State Winter Gard	en FL	4. FEI Nu	umber 59-3601067	<u> </u>	oplied For ot Applicable
3478	7 Country VSA	Zip 34787	Country A	5. Certific	cate of Status Desired	S5.00 Add	
* = -	6. Name and Address of Current R	egistered Agent	Name	7. Name	and Address of New Regi	stered Agent	
ROST, SCO				Sean ddress (P.O. Box Nu	mber is Not Acceptable)		
	Avenue North, Suite B Ark Fl 32789	•	3	2 East	Plant St.	reet	
MINICHTA	AHR I E OZIOS		City 1	Tienter (rar den	FL Zip Cod	1787
1 Thank 10 c	named entity submits this statement for			resistand agent o			1.0.
 ine above n 	named entity submits this statement for i	the purpose of changing its	registered office or	registereo agent, o	DOM, IN the State of Fiorida	3 .	
SIGNATURE	Sen S. Scot	-		_		DATE	
SIGNATURE	Signature, typed or printed name of registered agent an	Sern S. (NOTE	Scott Ma Registered Agent signatu	en45)_5 Mer re recidired yen reinstating			
SIGNATURE	Sen S. Scot	Sern S. (NOTE	Scott Ma Registered Agent signatu	en 45) as Mer re required when reinstating	n ber	DATE	
SIGNATURE	Sen S. Scot	Sen S. ditte if applicable (NOTE FILE NO Make Check Par RS/MEMBERS	Scott Ma E. Registered Agent signatu DW!!! FEE IS \$ yable to Departr	e received year reinstating 50.00 nent of State	ADDITIONS/CH	DATE	Addition
SIGNATURE	Signature, typed or printed name of registered agent and MANAGING MEMBER	Sen S. (NOTE FILE NO Make Check Pa	Scott Ma Enegistered Agent signatu DWIII FEE IS \$ yable to Departr	50.00 nent of State Member Charles	ADDITIONS/CH	DATE	Addition
SIGNATURE S	MANAGING MEMBER MGRM LEVITT, SCOTT M 801 W. STATE ROAD 436, SUITE	d title if applicable (NOTE FILE NO Make Check Pa	Scott Ma Eregistered Agent signatu DW!!! FEE IS \$ yable to Departr	teners) s Mer re readired y en reinstatin 50.00 nent of State Member Charles	ADDITIONS/CH	DATE IANGES Change	
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