

P02000/13707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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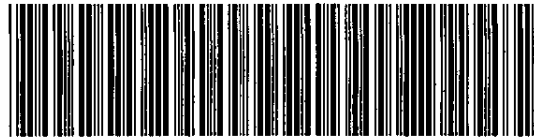
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Tewis  
9-25-08

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: D. Reed Holdings, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P02000113707

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Reed  
(Name of Contact Person)

D. Reed Holdings, Inc  
(Firm/Company)

10898 Bridges Rd  
(Address)

Jacksonville, FL 32218  
(City/State and Zip Code)

For further information concerning this matter, please call:

David Reed at (904) 765-5528  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: D. Reed Holdings, Inc.  
2. The principal office address: 10898 Bridges Rd  
Jacksonville, FL 32218  
3. The mailing address (if different): Same #  
4. Date of incorporation/qualification: 10/22/62 Document number: P02000 113707

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CorporDirect Agents, Inc  
515 East Park Avenue  
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David Reed  
10898 Bridges Rd.  
(P.O. Box NOT acceptable)  
Jacksonville, FL 32218

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

DAVID REED, OWNER  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

9/15/08  
(Date)

If signing on behalf of an entity:

DAVID REED  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)