2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000081647

Entity Name: DRIVEN INVESTMENTS, LLC

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1829 NORTHWEST 10TH STREET 10444 E HWY 316 OCALA, FL 34475 FT MC COY, FL 32134

Current Mailing Address: New Mailing Address:

 1829 NORTHWEST 10TH STREET
 10444 E HWY 316

 OCALA, FL 34475
 FT MC COY, FL 32134

FEI Number: 26-0679978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI, FL 33145 US

WADE, THOMAS E

10444 E HWY 316

FT MC COY, FL 32134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS E WADE 03/12/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 WADE, PETE JR
 Name:
 WADE, THOMAS

 Address:
 1829 NORTHWEST 10TH STREET
 Address:
 10444 E HWY 316

 City-St-Zip:
 OCALA, FL 34475
 City-St-Zip:
 FT MC COY, FL 32134

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 WADE, TOM
 Name:
 WADE, PETE JR

 Address:
 1829 NORTHWEST 10TH STREET
 Address:
 10444 E HWY 316

 City-St-Zip:
 OCALA, FL 34475
 City-St-Zip:
 FT MC COY, FL 32134

Title: S () Delete Title: S (X) Change () Addition

 Name:
 WADE, TOM
 Name:
 WADE, TOM

 Address:
 1829 NORTHWEST 10TH STREET
 Address:
 10444 E HWY 316

 City-St-Zip:
 OCALA, FL 34475
 City-St-Zip:
 FT MC COY, FL 32134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS WADE MGR 03/12/2009