2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 15, 2009
Secretary of State

DOCUMENT# L08000030304

Entity Name: SIMPLY STRATEGY, LLC

Current Principal Place of Business:

1837 MID OCEAN CIRCLE
SARASOTA, FL 34239 US

New Principal Place of Business:

#12 ALGONQUIN WOOD PLACE
ST. LOUIS, MO 63122 US

Current Mailing Address:

1837 MID OCEAN CIRCLE
SARASOTA, FL 34239 US

New Mailing Address:

#12 ALGONQUIN WOOD PLACE
ST. LOUIS, MO 63122 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARLIN, DOROTHY L
1837 MID OCEAN CIRCLE
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: DIANA URREGO, SPECIAL SECRETARY 10/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CARLIN, DOROTHY L
Address: 1837 MID OCEAN CIRCLE
City-St-Zip: SARASOTA, FL 34239 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CARLIN, DOROTHY L
Address: #12 ALGONQUIN WOOD PLACE
City-St-Zip: ST. LOUIS, MO 63122 US

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: DOROTHY L CARLIN MGRM 10/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date