

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000041655

Entity Name: ES VENTURES ONE, LLC

FILED
Oct 21, 2009
Secretary of State

Current Principal Place of Business:

1570 MADRUGA AVENUE
SUITE 311
CORAL GABLES, FL 33146 US

Current Mailing Address:

1570 MADRUGA AVENUE
SUITE 311
CORAL GABLES, FL 33146 US

New Principal Place of Business:

1390 SOUTH DIXIE HWY
SUITE 2123/2124
CORAL GABLES, FL 33146 US

New Mailing Address:

1390 SOUTH DIXIE HWY
SUITE 2123/2124
CORAL GABLES, FL 33146 US

FEI Number: 20-1195038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUSSMAN, WILLIAM C ESQ.
1570 MADRUGA AVENUE
SUITE 311
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE
SUITE 125
CORAL GABLES, FL 33146 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: MALCOLM H. NEUWAHL

10/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUSSMAN, WILLIAM C
Address: 1570 MADRUGA AVENUE, SUITE 311
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM () Delete
Name: LIEVANO, JUAN
Address: 1390 SOUTH DIXIE HIGHWAY 1306
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAXWELL, MICHAEL J
Address: 1390 SOUTH DIXIE HWY, SUITE 2123/2124
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM (X) Change () Addition
Name: LIEVANO, JUAN
Address: 11945 SW 100 TERRACE
City-St-Zip: MIAMI, FL 33186 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: MICHAEL MAXWELL

MGRM

10/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date