2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 22, 2009
Secretary of State

DOCUMENT# L08000028238

Entity Name: NATION'S CHOICE FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

2240 WOOLBRIGHT RD, STE 353
BOYNTON BEACH, FL 33426

New Principal Place of Business:

500 GULFSTREAM BLVD.
106
DELRAY BEACH, FL 33483

Current Mailing Address:

2240 WOOLBRIGHT RD, STE 353
BOYNTON BEACH, FL 33426

New Mailing Address:

500 GULFSTREAM BLVD.
106
DELRAY BEACH, FL 33483

FEI Number: 26-2209236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

ADORNA, JAMES P
9549 SHEPARD PLACE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: JAMES ADORNA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ADORNA, JAMES E
Address: 9549 SHEPARD PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete
Name: HARPER, MICHAEL J
Address: 10166 CLUBHOUSE RD
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES ADORNA MM 10/22/2009

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