## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE

## FIFD **DOCUMENT # L00000000175** 1. Entity Name CONOVIO AMIO: 38 MAYPORT PROPERTIES, LLC SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 14021 SPOQNBILL ST NORTH 2389 MAYPORT ROAD ATLANTIC BEACH, FL 32233 JACKSONVILLE FL 32224 2. Principal Place of Business - No P.O. Box # Mailing Address 3846 SAXONLakePr Suite, Apt. #, etc. 11132008 REIN-LLC CR2E101 (1/07) City & State Gity & State 4. FEI Number Applied For 58-2541584 Not Applicable Zip Country Country A \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATIDAR, KIRIT 14021 SPOONBILL STREET NORTH Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32224 City Zip Code FI 8. 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. I am familiar with, and accept the obligations of registered agent ATIDAR In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After January 1, 2009, Fee will be \$277.50 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM 38098430 01034-017 \*\*138 ☐ Addition TITLE ☐ Delete TITLE PATIDAR, KIRIT NAMÉ NAME 14021 SPOONBILL ST NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE 00013809845**6**°° NAME NAME 11/19/08--01034--018 \*\*5.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP YS TATE NAMED TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE