2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000014177

Entity Name: DELTA ASSET MANAGEMENT, LLC

FILED Apr 14, 2009 Secretary of State

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

5100 N. DIXIE HIGHWAY 5100 N. DIXIE HIGHWAY

SUITE 200 100

US

OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334

Current Mailing Address: New Mailing Address:

5100 N. DIXIE HIGHWAY 5100 N. DIXIE HIGHWAY

SUITE 200 100 OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334

OAKLAND FAKK, FE 33334

FEI Number: 83-0348838 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: Name and Address of New Registered Agent:

LALONDE, STEPHEN 5100 N DIXIE HWY #200 OAKLAND PARK, FL 33334

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: STEPHEN LALONDE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

Name: LALONDE, STEPHEN Name: LALONDE, STEPHEN Address: 5100 N. DIXIE HIGHWAY, SUITE 200 Address: 5100 N. DIXIE HIGHWAY, SUITE 100

Address: 5100 N. DIXIE HIGHWAY, SUITE 200 Address: 5100 N. DIXIE HIGHWAY, SUITE 100 City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: OAKLAND PARK, FL 33334

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: STEPHEN LALONDE MGR 04/14/2009