

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000017453

FILED
Aug 16, 2013
Secretary of State

Entity Name: CCGJ.RCLAME GROUP, LLC

Current Principal Place of Business:

1320 S.W. 61ST TERRACE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 142741
GAINESVILLE, FL 326142741

New Mailing Address:

P.O. BOX 142741
GAINESVILLE, FL 32614 US

FEI Number: 54-2068256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, JANICE L
1320 S.W. 61ST TERRACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

CLARK, JANICE L
1320 SW 61ST TERRACE
GAINESVILLE, FL 32607 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: JANICE CLARK

08/16/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ADAMS, CAROLYN G
Address: P.O. BOX 142712
City-St-Zip: GAINESVILLE, FL 32614

Title: MGRM
Name: ROLARK, MINNIE
Address: 6124 SW 11TH PLACE APT B
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: CLARK, JANICE L
Address: 1320 S.W. 61ST TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: CLARK, CHAUNCEY
Address: 1320 S.W. 61ST TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: CANTON, JOAN
Address: 6125 SW 11TH PLACE APT A
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: MCBROOM, SADIE
Address: P.O. BOX 14021
City-St-Zip: GAINESVILLE, FL 32614

I hereby 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: CAROLYN G ADAMS

MGRM

08/16/2013

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