

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000038401

FILED
Nov 10, 2004
Secretary of State

Entity Name: REGENT SHOPPES LLC

Current Principal Place of Business:

12120 STATE LINE RD. #306
LEAWOOD, KS 66209

New Principal Place of Business:

2013 LIVE OAK BLVD.
SUITE J
SAINT CLOUD, FL 34771

Current Mailing Address:

12120 STATE LINE RD. #306
LEAWOOD, KS 66209

New Mailing Address:

2013 LIVE OAK BLVD.
SUITE J
SAINT CLOUD, FL 34771

FEI Number: 20-1274318 **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:

BUSINESS FILINGS INCORPORATED
660 E. JEFFERSON ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BLACKFORD, DANIEL R
2013 LIVE OAK BLVD.
SUITE J
SAINT CLOUD, FL 34771 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: DANIEL R. BLACKFORD

11/10/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MASTERPIECE DEVELOPM, ENT, LLC
Address: 12120 STATE LINE RD. #306
City-St-Zip: LEAWOOD, KS 66209

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLACKFORD, DANIEL R
Address: 2013 LIVE OAK BLVD. SUITE J
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANIEL R. BLACKFORD

MGR

11/10/2004

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