2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000045304

Entity Name: CAPITAL OPTIONS GROUP, LLC

FILED Oct 14, 2004 Secretary of State

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

129 LEHANE TERRACE 900 US HWY 1

135 202

NORTH PALM BEACH, FL 33408 US LAKE PARK, FL 33403 US

Current Mailing Address: New Mailing Address:

129 LEHANE TERRACE 900 US HWY 1

35 202

NORTH PALM BEACH, FL 33408 US LAKE PARK, FL 33403 US

FEI Number: 20-0401326 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:

CONLEY, JOHN
129 LEHANE TERRACE
CONLEY, JOHN
900 US HWY 1

135 202

NORTH PALM BEACH, FL 33408 US LAKE PARK, FL 33403 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: JOHN CONLEY 10/14/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

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

Name: CONLEY, JOHN Name: CONLEY, JOHN Address: 900 US HMV 1 SUITE 200

Address: 129 LEHANE TERRACE, # 135 Address: 900 US HWY 1 SUITE 202
City-St-Zip: NORTH PALM BEACH, FL 33408 US City-St-Zip: LAKE PARK, FL 33403 US

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: JOHN CONLEY MR. 10/14/2004