2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 06, 2009
Secretary of State

DOCUMENT# L03000049045

Entity Name: CJS ENTERPRISES, LLC

Current Principal Place of Business:

363 SW BAYA DR
STE. 101
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

PO BOX 1208
LAKE CITY, FL 32056

New Mailing Address:

PO BOX 742
LAKE CITY, FL 32056

FEI Number: 20-0435742 **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:

STEWART, CHAD
426 SW COMMERCE DR.
STE. 130
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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: CHAD STEWART

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STEWART, CHAD
Address: PO BOX 1208
City-St-Zip: LAKE CITY, FL 32056

Title: MGRM ( ) Delete
Name: CADY, JARED
Address: PO BOX 1208
City-St-Zip: LAKE CITY, FL 32056

Title: MGRM (X) Delete
Name: STEWART, SCOTT
Address: PO BOX 1208
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHAD STEWART MGRM 11/06/2009

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