2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000051999

Name:

Address:

City-St-Zip:

AXON, ROY

137 NORTHAMPATON DR

DAVENPORT, FL 32837

Entity Name: AXON'S MANAGEMENT CONSULTANTS, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 137 NORTH HAMPTON DRIVE DAVENPORT, FL 33837 **Current Mailing Address: New Mailing Address:** 137 NORTH HAMPTON DRIVE DAVENPORT, FL 33837 FEI Number: 20-0892565 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: HARTER, STEPHEN 43350 US HWY 27 SUITE A10 DAVENPORT, FL 33837 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: STEPHEN HARTER Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete AXON, DAWN ELIZABETH Name: Name: Address: 5 INVERDA AVENUE Address: City-St-Zip: BOLTON ENGLAND. City-St-Zip: Title: MGR () Delete Title: () Change () Addition HOOPER, CHRISTINE Name: Name: Address: 5 OAKWOOD DR Address: City-St-Zip: BOLTON ENGLAND, City-St-Zip: Title: MGR () Delete Title: () Change () Addition SMITH, MIROLA AXON Name: Name: 125 NEW HALL LANE Address: Address: City-St-Zip: BOLTON BL1 5215 ENGLAND. City-St-Zip: () Delete Title: MGR Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROY AXON MR 04/30/2009