DOCUMENT # L04000003515

1. Entity Name

SUPPLY CHAIN MANAGEMENT INSTITUTE, LLC

FILED
Apr 17, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
3260 FRUITVILLE ROAD SUITE C SARASOTA FL 34237 US	P.O. BOX 2955 PONTE VEDRA BEACH FL 32004 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0597208 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BETTERTON, GREG A 981 RIDGEWOOD AVENUE SUITE 101 VENICE FL 34285	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LAMBERT, DOUGLAS M PO BOX 2955 PONTE VEDRA BEACH FL 32004-2955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KNEMEYER, MICHAEL A PO BOX 641 YELLOW SPRINGS OH 45387	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000517411 05/01/06-80042-022 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CROXTON, KELLY L 764 JAEGER STREET COLUMBUS OH 43206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GARCIA-DASTUGUE, SEBASTIAN J PO BOX 517 NEW ALBANY OH 43054-0517	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Douglas M. Lambert Managing Member 4/13/06 904 280-9150