

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000035013

Entity Name: SWIFT CYBER SERVICES LLC

FILED
Oct 27, 2005
Secretary of State

Current Principal Place of Business:

2928 NW 132ND STREET
APT# 325
OPALOCKA, FL 33054 US

New Principal Place of Business:

1507 LOCUST AVE
SANFORD, FL 32771 US

Current Mailing Address:

2928 NW 132ND STREET
APT# 325
OPALOCKA, FL 33054 US

New Mailing Address:

PO BOX 160362
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BARNES, ANTHONY D II
2928 NW 132ND STREET
APT# 325
OPALOCKA, FL 33054 US

Name and Address of New Registered Agent:

BARNES, ANTHONY D II
1507 LOCUST AVE
SANFORD, FL 32771 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: ANTHONY BARNES II

10/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARNES, ANTHONY D II
Address: 2928 NW 132ND STREET APT# 325
City-St-Zip: OPALOCKA, FL 33054 US

Title: MGRM () Delete
Name: GONSALVES, LYND A
Address: 2928 NW 132ND STREET APT# 325
City-St-Zip: OPALOCKA, FL 33054 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARNES, ANTHONY D II
Address: 1507 LOCUST AVE
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM (X) Change () Addition
Name: GONSALVES, LYND A
Address: 1507 LOCUST AVE
City-St-Zip: SANFORD, FL 32771 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: ANTHONY BARNES II

MGRM

10/27/2005

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