2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000081999

Entity Name: DSO SERVICES, LLC

FILED Nov 30, 2005 Secretary of State

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

225 WATER STREET, SUITE 110 FOUR SAWGRASS VILLAGE JACKSONVILLE, FL 32202

SUITE 240-F

PONTE VEDRA BEACH, FL 32082

Current Mailing Address: New Mailing Address:

FOUR SAWGRASS VILLAGE SUITE 240-F 225 WATER STREET, SUITE 110

JACKSONVILLE, FL 32202

PONTE VEDRA BEACH, FL 32082

FEI Number: 20-3855772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ORR, BRUCE N ORR, BRUCE N

FOUR SAWGRASS VILLAGE 225 WATER STREET, SUITE 110

SUITE 240-F JACKSONVILLE, FL 32202 PONTE VEDRA BEACH, FL 32082 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: BRUCE N. ORR 11/30/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

ORR. BRUCE N Name: Name: Address: Address: FOUR SAWGRASS VILLAGE SUITE 240-F

City-St-Zip: City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

Name: Name: SANDLER, PAUL D

Address: Address: FOUR SAWGRASS VILLAGE SUITE 240-F City-St-Zip: City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete Title: MR. () Change (X) Addition

Name: D'ELISA, JOHN E Name:

FOUR SAWGRASS VILLAGE SUITE 240-F Address: Address: City-St-Zip: City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: BRUCE N. ORR 11/30/2005