2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000083697

Entity Name: SABO FAMILY ENTERPRISES, LLC

FILED Sep 20, 2007 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
| | | |

1200 RIVERPLACE BLVD., SUITE 800 101 PALM HARBOR PARKWAY JACKSONVILLE, FL 32207

UNIT 123

PALM COAST, FL 32124

Current Mailing Address: New Mailing Address:

1200 RIVERPLACE BLVD., SUITE 800 101 PALM HARBOR PARKWAY JACKSONVILLE, FL 32207 123

PALM COAST, FL 32124

FEI Number: 20-1930196 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:

CRAWFORD, JOHN R 1200 RIVERPLACE BLVD., SUITE 800 JACKSONVILLE, FL 32207

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: CHRIS SABO

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition SABO, CHRISTOPHER S SABO, CHRISTOPHER S Name: Name: 5860 COUNTY ROAD 208 Address: 129 BOYSENBERRY LANE Address: City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: DAYTONA BEACH, FL 32124

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

SABO, MEGAN E Name: SABO, MEGAN E Name: Address: 5860 COUNTY ROAD 208 Address: 129 BOYSENBERRY LANE

City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: DAYTONA BEACH, FL 32124

Title: MGR () Delete Title: () Change () Addition

SABO, CAROL A Name: Name: 105 LINKSIDE DRIVE Address: Address: City-St-Zip: ST. SIMONS ISLAND, GA 31522 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: SABO, STEPHEN N Name: Address: 105 LINKSIDE DRIVE Address: City-St-Zip: ST. SIMONS ISLAND, GA 31522 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: CHRIS SABO **PRES** 09/20/2007