2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 28, 2005
Secretary of State

DOCUMENT# L04000091422

Entity Name: COMPANION GROUP, LLC

Current Principal Place of Business:

50 NORTH LAURA STREET, SUITE 2900
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

50 NORTH LAURA STREET, SUITE 2900
JACKSONVILLE, FL 32202

New Mailing Address:

169 NORTH RIVER DRIVE
ST. AUGUSTINE, FL 32095

FEI Number: 76-0774320 **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:

MILAM HOWARD NICANDRI DEES & GILLAM, PA
50 NORTH LAURA STREET, SUITE 2900
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: ALAN HOWARD

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: DERON BROWN,
Address: 169 NORTH RIVER DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR ( ) Change (X) Addition
Name: PAUL BEGLEY,
Address: 675 HAWKS TRACE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR ( ) Change (X) Addition
Name: TREVOR ROSENDAHL,
Address: 1705 LORIMIER ROAD
City-St-Zip: JACKSONVILLE, FL 32207

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: DERON BROWN MGR 10/28/2005

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