

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000005091

FILED
Nov 10, 2008
Secretary of State

Entity Name: OFF HIGHWAY VEHICLE EXTREME, LLC

Current Principal Place of Business:

10959 PATTON ROAD
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

10959 PATTON ROAD
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 20-1941409 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:

APPLEBY, CHARLES C
9995 GATE PARKWAY NORTH
SUITE 200
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

APPLEBY, CHARLES C
7915 BAYMEADOWS WAY
SUITE 300
JACKSONVILLE, FL 32256 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: CHARLES C. APPLEBY

11/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: APPLEBY, CHRISTOPHER R
Address: 10959 PATTON ROAD
City-St-Zip: JACKSONVILLE, FL 32246

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OWNE () Change (X) Addition
Name: APPLEBY, MARTHA B
Address: 2658 SIMS COVE LANE
City-St-Zip: JACKSONVILLE, FL 32223

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: MARTHA B. APPLEBY

OWNE

11/10/2008

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