2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# L05000025465

Entity Name: SDI OF JTB, LLC

Current Principal Place of Business:

1901 1ST STREET NORTH
1505
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

5080 BUTLER POINT RD
JACKSONVILLE, FL 32256

Current Mailing Address:

1901 1ST STREET NORTH
1505
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

3583 SHADY WOODS ST. E
JACKSONVILLE, FL 32224

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

BEDELL, JAMES T MM
1901 1ST STREET NORTH
#1505
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

BEDELL, JAMES T MM
3583 SHADY WOODS ST. E
JACKSONVILLE, FL 32224 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: JAMES T BEDELL 03/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BEDELL, JAMES
Address: 1901 1ST STREET NORTH # 1505
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BEDELL, JAMES
Address: 3583 SHADY WOODS ST. E
City-St-Zip: JACKSONVILLE, FL 32224

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: JAMES T BEDELL MGRM 03/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date