2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 29, 2006
Secretary of State

DOCUMENT# L05000034931

Entity Name: LOFTON DAY CARE, LLC

Current Principal Place of Business:

3125 ATLANTIC AVE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

9428 BAYMEADOWS ROAD
SUITE 120
JACKSONVILLE, FL 32256

Current Mailing Address:

3125 ATLANTIC AVE
FERNANDINA BEACH, FL 32034

New Mailing Address:

9428 BAYMEADOWS ROAD
SUITE 120
JACKSONVILLE, FL 32256

FEI Number: 20-2717828 **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:

MCCRANIE, CHRISTOPHER
9428 BAYMEADOWS RD, STE 120
JACKSONVILLE, FL 32256 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: CHRISTOPHER MCCRANIE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: TREVETT, HARRY R
Address: 9428 BAYMEADOWS ROAD, STE 120
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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: HARRY R TREVETT MGR 09/29/2006

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