

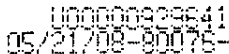
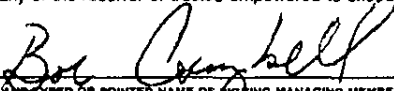


**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # L05000052614</b> 1. Entity Name <b>GULF COMM/ELECTRIC, LLC</b></div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business <b>3590 U.S. HIGHWAY 331 SOUTH, SUITE 101 DEFUNIAK SPRINGS, FL 32435</b></div><div>Mailing Address <b>3590 U.S. HIGHWAY 331 SOUTH, SUITE 101 DEFUNIAK SPRINGS, FL 32435</b></div></div>		<div style="text-align: right;"><b>Apr 28, 2008 08:0</b> <b>Secretary of State</b></div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span>01222008 No Chg-LLC</span><span>CR2E083 (12/07)</span></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number <b>20-2909265</b></div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div><b>\$5.00 Additional Fee Required</b></div></div>																																							
<b>DO NOT WRITE IN THIS SPACE</b>																																									
<b>6. Name and Address of Current Registered Agent</b>  <b>CAMPBELL, BOB 3590 U.S. HIGHWAY 331 SOUTH, SUITE 101 DEFUNIAK SPRINGS, FL 32435</b>	<b>DO NOT WRITE IN THIS SPACE</b>																																								
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																									
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>																																									
<b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>CAMPBELL, BOB</td></tr><tr><td>STREET ADDRESS</td><td>3590 U.S. HIGHWAY 331 SOUTH, SUITE 101</td></tr><tr><td>CITY- ST- ZIP</td><td>DEFUNIAK SPRINGS, FL 32435</td></tr><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>CAMPBELL, JANET</td></tr><tr><td>STREET ADDRESS</td><td>3590 U.S. HIGHWAY 331 SOUTH, SUITE 101</td></tr><tr><td>CITY- ST- ZIP</td><td>DEFUNIAK SPRINGS, FL 32435</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>	TITLE	MGRM	NAME	CAMPBELL, BOB	STREET ADDRESS	3590 U.S. HIGHWAY 331 SOUTH, SUITE 101	CITY- ST- ZIP	DEFUNIAK SPRINGS, FL 32435	TITLE	MGRM	NAME	CAMPBELL, JANET	STREET ADDRESS	3590 U.S. HIGHWAY 331 SOUTH, SUITE 101	CITY- ST- ZIP	DEFUNIAK SPRINGS, FL 32435	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<div style="margin-top: 100px;"> <b>05/21/08-80076-021 138.75</b></div> <div style="text-align: center; height: 100px; vertical-align: middle;"><b>DO NOT WRITE IN THIS SPACE</b></div>
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>																																									
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div style="text-align: right;">4-24-08 8008926378</div></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</span><span>Date</span><span>Daytime Phone #</span></div>																																									