2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2009
Secretary of State

DOCUMENT# L05000064513

Entity Name: COPPERPOT INVESTMENTS, L.L.C.

Current Principal Place of Business:

12174 LINCOLN LAKE WAY
CHANTILLY, VA 20153

New Principal Place of Business:

Current Mailing Address:

PO BOX 221454
CHANTILLY, VA 20153

New Mailing Address:

P.O. BOX 18352
TAMPA, FL 33679

FEI Number: 51-0550245 **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:

ACOSTA, ELVIRA
3809 W. FLAGLER STREET
MIAMI, FL 33134 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: ELVIRA ACOSTA

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VALDES, LETICIA L
Address: PO BOX 221454
City-St-Zip: CHANTILLY, VA 20153

Title: MGR ( ) Delete
Name: ACOSTA, GEORGINA I
Address: PO BOX 221454
City-St-Zip: CHANTILLY, VA 20153

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VALDES, LETICIA L
Address: PO BOX 18352
City-St-Zip: TAMPA, FL 33679

Title: MGR (X) Change ( ) Addition
Name: ACOSTA, GEORGINA I
Address: PO BOX 18352
City-St-Zip: TAMPA, FL 33679

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: LETICIA L. VALDES MGR 10/27/2009

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