2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L05000097598 06 DEC 29 AM 8: 54 1. Entity Name ROUSSELLE PROPERTIES, LLC Mailing Address Principal Place of Business 1436 BRETTA STREET 1436 BRETTA STREET JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 12052006 REIN-LLC CR2E101 (11/05) 4. FEI Number 8 114993 Applied For City & State City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rousselle Ronald LUSAS. E 900 CES ERYSKWD., SUITE 118 JACKSONVILLE. Jacksonuille 8. The above named entity submisthis 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. SIGNATURE A Signature, tyl (NOTE: Registered Agent signature required when reinstating DATE Make check payable to FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10 MGRM Change ☐ Addition TITLE ☐ Delete TITLE ROUSSELLE, RONALD K NAME 40008295 2424 NAME 01/03/07--01029--001 STREET ADDRESS 1436 BRETTA STREET STREET ADDRESS JACKSONVILLE, FL 32211 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE