2007 LIMITED LIABILITY COMPANY REINSTATEMENT

		KENADI	AICHENI	_						
DOCU	MÉNT:	#L0500010	3889	•	÷					
Entity Name WIREGRASS CONSULTING SERVICES, LLC						FILED				
Principal Place	e of Rusiness		Mailing Address			2002				
2013 LIVE 0/		RD	2013 LIVE OAK BOULEVARD			2001 DEC	-3 E	12: 19		
ST CLOUD, FL	L 34772		ST CLOUD, FL 34772					· ·		
ĺ						SECRETA	RY AC			
Principal Place of Business - No P.O. Box # 3. Mailing Address										
-			-				(8) 10) 88 88 1	LIBI IBIBI IBIIB 186		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			11062007 REIN-LLC	CR2E	101 (1/07)		
City & State			City & State			4. FEI Number		I I Ap	plied For	
5.1, 6.5.1.5						04-3832248			t Applicable	
Zip	Country		Zip Count		itry	5. Certificate of Status Desired		\$5.00 Add Fee Required		
6. Name and Address of Current			Registered Agent			7. Name and Address of New Registered Agent				
Nan							_			
WELLS, JAMES W JR 2013 LIVE OAK BOULEVARD					Street Address (P.O. Box Number is Not Acceptable)					
ST. CLOU					Chief vice see (1.0. Sex Hamber of Text Goophase)					
					City		FL	Zip Codi	e	
8. The above	named entity	submits this statement	for the purpose of changing its	register	ed office or registe	ered agent, or both, in the State of Fl	orida. I am	tamiliar with,	and accept	
the obligations of registered agent. JAMES W. WOLS, JA. 11-19-57										
1 SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algnature required when reinstating) DATE - ***********************************										
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 Florida Department of State										
9.		MANAGING MEME	BERS/MANAGERS	10.		ADDITIONS	/CHANGES	3		
TITLE	MGR	1 /	☐ Delete	TITL				☐ Change	☐ Addition	
NAME STREET ADDRESS		AMES WIJR OAK BOULEVARD		NAM	te Eet address	0001122	2796	240		
CITY-ST-ZIP	_			CITY-ST-ZIP		0001122 11/14/0701022	0 <u>13</u>	**150.	.00	
TITLE			□ Delete	TITL	E			Change	☐ Addition	
NAME				NAM						
STREET ADORESS CITY-ST-ZIP					EET ADDRESS /-ST-ZIP					
TITLE			□ Outsta	TITL	-			☐ Change	☐ Addition	
NAME			☐ Delete	NAM						
STREET ADDRESS				1	EET ADDRESS					
CITY-ST-ZIP				CIT	r-ST-ZIP					
TITLE NAME			☐ Delete	TITL	l l			☐ Change	☐ Addition	
STREET ADDRESS					EET ADORESS					
CITY+ST+ZIP	i			CITY	Y-ST-ZIP					
TITLE			☐ Delete	TITE	E			Change	☐ Addition	
NAME CYREST APPRECE				NAA	AE EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP					
TITLE			Delete	TITL				□ gf¶nge	Addition	
NAME			55,000	NAN	*DEINGT	ATEMENT	7	リン	′	
STREET ADDRESS	١ ,					AI CIAIPIAI	<i></i>	- CV		
CITY-ST-ZIP		idiormotics are all all	ith this filing does and accept to		(-ST-ZIP	d in Chapter 110. Florida Statutas 1	further core	fy that the info	rmation	
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statules. 407 - 957										
1 1 2 2 5 W. Wolf To 11/18/27 9935										
SIGNATURE: THE SIGNATURE AND PIPER OF POINTED NAME OF SIGNING MANAGING MEMBER MANAGER OF AUTHORIZED REPRESENTATIVE Date Davigne Proce #										