2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 24, 2008
Secretary of State

DOCUMENT# L05000113873

Entity Name: CHANNELSIDE TITLE, LLC

Current Principal Place of Business:

6152 DELANCEY STATION ST.
SUITE 105 B
RIVERVIEW, FL 33569

New Principal Place of Business:

777 N. ASHLEY DR.,
1106
TAMPA, FL 33602

Current Mailing Address:

6152 DELANCEY STATION ST.
SUITE 105 B
RIVERVIEW, FL 33569

New Mailing Address:

777 N. ASHLEY DR.,
1106
TAMPA, FL 33602

FEI Number: 20-3854459 **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:

BARBER, STEPHANIE J MRS.
6152 DELANCEY STATION ST.
SUITE 105 B
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

CAHILL, JOSHUA C MR.
777 N. ASHLEY DR.,
1106
TAMPA, FL 33602 US

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: JOSHUA CAHILL 10/24/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BARBER, STEPHANIE J MRS.
Address: 16210 BRIDGEWALK DR.
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CAHILL, JOSHUA C MR.
Address: 777 N. ASHLEY DR., 1106
City-St-Zip: TAMPA, FL 33602

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: JOSHUA CAHILL MBR 10/24/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date