2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 17, 2007
Secretary of State

DOCUMENT# L05000116289

Entity Name: DFS LENDING, LLC

Current Principal Place of Business:

2776 BUCKHORN OAKS DR.
VALRICO, FL 33594

New Principal Place of Business:

3658 ERINDALE DRIVE
VALRICO, FL 33594

Current Mailing Address:

2776 BUCKHORN OAKS DR.
VALRICO, FL 33594

New Mailing Address:

3658 ERINDALE DRIVE
VALRICO, FL 33594

FEI Number: 20-3887070 **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:

ROBERTS, STEVE
2776 BUCKHORN OAKS DR.
VALRICO, FL 33594 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: STEVEN B ROBERTS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ROBERTS, STEVE
Address: 2776 BUCKHORN OAKS DR.
City-St-Zip: VALRICO, FL 33594

Title: VP ( ) Delete
Name: NICOLETTI, SOLEDAD
Address: 2776 BUCKHORN OAKS DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: NICOLETTI, SOLEDAD
Address: 30246 RED CULVER WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

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: SOLEDAD NICOLETTI MGR 09/17/2007

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