

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000046051

FILED
Jun 24, 2009
Secretary of State

Entity Name: MCJ HODGE ENTERPRISES LLC

Current Principal Place of Business:

1909 WILLOW WOOD DR
KISSIMMEE, FL 34746 US

New Principal Place of Business:

7512 DR. PHILLIPS BLVD,
SUITE 50--403
ORLANDO, FL 32819 US

Current Mailing Address:

1909 WILLOW WOOD DR
KISSIMMEE, FL 34746 US

New Mailing Address:

7512 DR. PHILLIPS BLVD,
SUITE 50--403
ORLANDO, FL 32819 US

FEI Number: 27-0305428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HODGE, MICHAEL L
1909 WILLOW WOOD DR
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

LEWIS, ALEXIS
4731 CASON COVE DR.
1317
ORLANDO, FL 32811 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: ALEXIS LEWIS

06/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HODGE, MICHAEL L
Address: 1909 WILLOW WOOD DR
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGRM () Delete
Name: HODGE, JONATHAN B
Address: 1909 WILLOW WOOD DR
City-St-Zip: KISSIMMEE, FL 34746 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: HODGE, MICHAEL
Address: 3845 MARIETTA WAY
City-St-Zip: ST. CLOUD, FL 34772 US

Title: VP (X) Change () Addition
Name: HODGE, JONATHAN B
Address: 3845 MARIETTA WAY
City-St-Zip: ST. CLOUD, FL 34772 US

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: ALEXIS LEWIS

CONS

06/24/2009

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