2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# L06000061335

Entity Name: CODERIFFICS, LLC

Current Principal Place of Business:

284 TIMBERLANE RD.
TALLAHASSEE, FL 32312

New Principal Place of Business:

2312 NAPOLEON BONAPARTE DR
TALLAHASSEE, FL 32308

Current Mailing Address:

284 TIMBERLANE RD.
TALLAHASSEE, FL 32312

New Mailing Address:

2312 NAPOLEON BONAPARTE DR
TALLAHASSEE, FL 32308

FEI Number: 20-5112271 **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:

CUSHARD, TODD
151 DUNCAN DRIVE
CRAWFORDVILLE, FL 32327 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: TODD CUSHARD

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JAMES, TILLMAN
Address: 284 TIMBERLANE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete
Name: TODD, CUSHARD
Address: 151 DUNCAN DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JAMES, TILLMAN
Address: 2312 NAPOLEON BONAPARTE DR
City-St-Zip: TALLAHASSEE, FL 32308

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

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: JAMES TILLMAN MGRM 10/09/2007

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