

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000063846

Entity Name: LOOSE CHANGE OSCORP, LLC

FILED  
Oct 09, 2007  
Secretary of State

## Current Principal Place of Business:

13250 RIDGE ROAD, UNIT 5B3  
LARGO, FL 33778

## New Principal Place of Business:

106 HANCOCK BRIDGE PKWY  
D15535  
CAPE CORAL, FL 33991

## Current Mailing Address:

13250 RIDGE ROAD, UNIT 5B3  
LARGO, FL 33778

## New Mailing Address:

106 HANCOCK BRIDGE PKWY  
D15535  
CAPE CORAL, FL 33991

FEI Number: 20-5200498      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:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: APRILE OSBORNE

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: OSBORNE, APRILE D  
Address: 13250 RIDGE ROAD, UNIT 5B3  
City-St-Zip: LARGO, FL 33778

Title: MGRM ( ) Delete  
Name: OSBORNE, CHAD J  
Address: 13250 RIDGE ROAD, UNIT 5B3  
City-St-Zip: LARGO, FL 33778

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: OSBORNE, APRILE D  
Address: 2263 LOWER RIVER RD  
City-St-Zip: CHARLESTON, TN 37310

Title: MGRM (X) Change ( ) Addition  
Name: OSBORNE, CHAD J  
Address: 2263 LOWER RIVER RD  
City-St-Zip: CHARLESTON, TN 37310

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: APRILE OSBORNE

MGRM

10/09/2007

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