

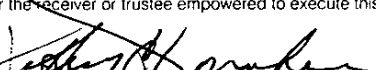


FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # L06000069745</b> 1. Entity Name <b>SHAP LLC</b></div><div style="text-align: center;"></div><div style="text-align: right;"><b>07 SEP 14 PM 3: 36</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business <b>619 E. HAZEL STREET LANSING, MI 48912</b></div><div>Mailing Address <b>619 E. HAZEL STREET LANSING, MI 48912</b></div></div>				 <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span>07122007</span><span>Chg-LLC</span><span>CR2E083 (12/06)</span></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number <b>20-445358</b></div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div><b>\$5.00</b> Additional Fee Required</div></div>																																			
<div style="display: flex; justify-content: space-between;"><div>2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City &amp; State</div><div>3. Mailing Address  Suite, Apt. #, etc.  City &amp; State</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Zip</div><div>Country</div><div>Zip</div><div>Country</div></div>		<div style="display: flex; justify-content: space-between;"><div>6. Name and Address of Current Registered Agent  <b>HAYDEN, JOE 655 HOBANT ROAD VENICE, FL 34293</b></div><div>7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> Zip Code</div></div>																																					
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>																																							
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____</div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																							
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>																																					
<b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 60%;">MGR DONAHUE, JEFFREY C 5563 STRAWBERRY LANE HASLETT, MI 48840</td><td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>MGRM STELTER, MICHAEL T 5090 STATE ST., BLDG. D SAGINAW, MI 48603</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONAHUE, JEFFREY C 5563 STRAWBERRY LANE HASLETT, MI 48840	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STELTER, MICHAEL T 5090 STATE ST., BLDG. D SAGINAW, MI 48603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 60%;">100109768341 09/21/07--01047--015 **50.00</td><td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100109768341 09/21/07--01047--015 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONAHUE, JEFFREY C 5563 STRAWBERRY LANE HASLETT, MI 48840	<input type="checkbox"/> Delete																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STELTER, MICHAEL T 5090 STATE ST., BLDG. D SAGINAW, MI 48603	<input type="checkbox"/> Delete																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100109768341 09/21/07--01047--015 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																					
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>																																							
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div>9/13/07</div></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><div>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</div><div>Date</div><div>Daytime Phone #</div></div>																																							