

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000080842

FILED
Nov 13, 2008
Secretary of State

Entity Name: MYFISH, LLC

Current Principal Place of Business:

3121 BRIDGESTONE DRIVE
JACKSONVILLE, FL 32216

New Principal Place of Business:

320 QUIET TRAIL DRIVE
PORT ORANGE, FL 32128

Current Mailing Address:

3121 BRIDGESTONE DRIVE
JACKSONVILLE, FL 32216

New Mailing Address:

320 QUIET TRAIL DRIVE
PORT ORANGE, FL 32128

FEI Number: 03-0610067 **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:

SIMPSON, SCOTT E
595 W. GRANADA BLVD, SUITE A
ORMOND BEACH, FL 3174 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: SCOTT E. SIMPSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: SHIFLET, BEAU D
Address: 3121 BRIDGESTONE DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: SHIFLET, BEAU D
Address: 320 QUIET TRAIL DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: MR. () Change (X) Addition
Name: STAMPS, MICHAEL T
Address: 15 44TH AVE.
City-St-Zip: ISLE OF PALMS, SC 29451

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: BEAU D. SHIFLET

MR.

11/13/2008

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