2007 LIMITED LIABILITY COMPANY AND AUGUST LIABILITY COMPANY

Mar 30, 2007 8:00 am Secretary of State DOCUMENT # L03000100090 1. Entity Name 130 SANCOM, LLC 03-30-2007 90035 034 ****50.00 Principal Place of Business Mailing Address 1150 MOTORCOACH DRIVE 1150 MOTORCOACH DRIVE POLK CITY, FL 33868 POLK CITY, FL 33868 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 01252007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 06-1810332 Not Applicable Country Ζip Country Žiρ \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PORTER, PAUL E Street Address (P.O. Box Number is Not Acceptable) 1150 MOTORCOACH DRIVE POLK CITY, FL 33868 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title II applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May:1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Change ☐ Addition ☐ Delete TITLE PORTER, PAUL E NAME STREET ADDRESS 1150 MOTORCOACH DRIVE STREET ADDRESS CITY-ST-70P POLK CITY, FL 33868 CITY-ST-ZIP TITLE ☐ Detete nn₽ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITE Delete STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DD F Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition nne ☐ Delete DDF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

PAUL E. PORTER

SIGNATURE:

1.26.2007

Daytime Phone #

FILED