2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000001370° 08 DEC -9 PM 3: 08 BLUĆONE FARMS, LLC SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 14497 W HWY 328 14497 W HWY 328 OCALA, FL 34482 OCALA, FL 34482 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10292008 REIN-LLC CR2E101 (1/07) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHICCHI, BARBARA Street Address (P.O. Box Number is Not Acceptable) 14497 W HWY 328 OCALA, FL 34482 Zip Code City 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. (NOTE: Registered Agent signature required In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHICCHI, BARBARA NAME NAME STREET ADDRESS 14497 W HWY 328 STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 CITY-ST-ZIP MGRM Change TITLE Defete TITLE ☐ Addition BUSEY, KATIE NAME NAME 14497 W HWY 328 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIRE ☐ Defete ☐ Change ☐ Addition STATEMENT NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI Defete TITLE TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 54-662 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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