

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000004275

FILED
Oct 30, 2008
Secretary of State

Entity Name: GIFTED HANDS-4-GIFTED PEOPLE L.L.C.

Current Principal Place of Business:

105 LEWIS STREET
SUITE 202
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

5175 PALMETTO AVE
CRESTVIEW, FL 32539 US

New Mailing Address:

FEI Number: 35-2214753 **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:

GOODWIN, LECRESIA
5175 PALMETTO AVE
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

MARSH, CHRISTOPHER
284 N EGLIN PARKWAY
FORT WALTON BEACH, FL 32547 US

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: CHRISTOPHER MARSH

10/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, MARA
Address: 105 LEWIS STREET SUITE 202
City-St-Zip: FORT WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOODWIN, LECRESIA
Address: 105 LEWIS STREET SUITE 202
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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: LECRESIA GOODWIN

MGR

10/30/2008

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