2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000070344

Entity Name: UPGRADE U, LLC

FILED Jun 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5716 MERIDIAN WAY ORLANDO, FL 32808 US

Current Mailing Address: New Mailing Address:

P.O. BOX 683575

ORLANDO, FL 32868 US

FEI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

THOMAS, AGNES
5716 MERIDIANWAY
ORLANDO, FL 32808 US
THOMAS, VANESSA
5716 MERIDIANWAY
ORLANDO, FL 32808 US
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: VANESSA THOMAS 06/23/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

: MGRM () Delete

 Name:
 THOMAS, AGNES

 Address:
 P.O. BOX 683575

 City-St-Zip:
 ORLANDO, FL 32868 US

 Title:
 MGRM
 () Delete

 Name:
 THOMAS, CLINTON

 Address:
 P.O. BOX 683575

 City-St-Zip:
 ORLANDO, FL 32868 US

 Title:
 MGRM
 () Delete

 Name:
 SAMUEL, AVION

 Address:
 P.O. BOX 683575

 City-St-Zip:
 ORLANDO, FL 32868 US

 Title:
 MGR
 () Delete

 Name:
 THOMAS, VANESSA

 Address:
 P.O BOX 683575

 City-St-Zip:
 ORLANDO, FL 32868 US

Title: MGR (X) Delete

 Name:
 SAMMS, ALICIA

 Address:
 P.O. BOX 683575

 City-St-Zip:
 ORLANDO, FL 32868 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: THOMAS, VANESSA
Address: P.O. BOX 683575
City-St-Zip: ORLANDO, FL 32868 US

Title: MGRM (X) Change () Addition

 Name:
 THOMAS, AGNES

 Address:
 P.O. BOX 683575

 City-St-Zip:
 ORLANDO, FL 32868 US

Title: MGRM (X) Change () Addition

 Name:
 THOMAS, CLINTON

 Address:
 P.O. BOX 683575

 City-St-Zip:
 ORLANDO, FL 32868 US

Title: MGRM (X) Change () Addition

 Name:
 SAMMS, ALICIA

 Address:
 P.O BOX 683575

 City-St-Zip:
 ORLANDO, FL 32868 US

Title: () Change () Addition

Name: Address: City-St-Zip:

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: CLINTON THOMAS MGRM 06/23/2009