2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000075246

Entity Name: ROADWAY VENTURES LLC

FILED Nov 05, 2008 Secretary of State

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

13820 OLD ST. AUGUSTINE RD 731 DUVAL STATION ROAD

JACKSONVILLE, FL 32258 SUITE 107-301

JACKSONVILLE, FL 32218

ADDITIONS/CHANGES:

Current Mailing Address: New Mailing Address:

13820 OLD ST. AUGUSTINE RD 731 DUVAL STATION ROAD JACKSONVILLE, FL 32258 SUITE 107-301

ACKSONVILLE, PL 32236 3011E 107-301 .IACKSONVILLE

JACKSONVILLE, FL 32218

FEI Number: 26-0971046 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: Name and Address of New Registered Agent:

INFINIQUEST LLC
13820 OLD ST. AUGUSTINE RD
JACKSONVILLE, FL 32258 US
INFINIQUEST LLC
731 DUVAL STATION ROAD
SUITE 107-301

JACKSONVILLE, FL 32218 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: JOSH FARID 11/05/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM () Delete Title: MGRM (X) Change () Addition

Name: INFINIQUEST LLC, Name: INFINIQUEST LLC,

Address: 13820 OLD ST. AUGUSTINE RD, SUITE 113-319 Address: 731 DUVAL STATION ROAD SUITE 107-301

City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: JACKSONVILLE, FL 32218

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 GAYLE, LEPHART
 Name:
 VOGIATZIS, STEVEN

 Address:
 3333 N. MAIN ST.
 Address:
 PO BOX 1622

City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 STEVEN, VOGIATZIS
 Name:

 Address:
 P.O. BOX 1622
 Address:

 City-St-Zip:
 TARPON SPRINGS, FL 34688
 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: STEVEN VOGIATZIS MGR 11/05/2008