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Fax Number : (850)205-0383

From:

Account Name

: MORAN & SHAMS, P.A.

Account Number : I2000000003 Phone

: (407)841-4141

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#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

COSOURCE, LLC

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## AMENDED AND RESTATED ARTICLES OF ORGANIZATION OF COSOURCE, LLC.

The undersigned subscriber to these Amended and Restated Articles of Organization, being a natural person competent to contract as such under the laws of the State of Florida, and being the Manager specifically elected and directed by the Operating Agreement, hereby amends and restates the Articles of Organization filed with the Florida Secretary of State on August 24, 2007 and assigned document number L07000087044, in their entirety, pursuant to Section 608.411 of the Florida Statutes as follows:

# Name. The name of the limited liability company shall be COSOURCE, LLC ("Company"). E. ARTICLE II Address. The mailing address and street address of the principal office of the Company shall be 353 Interstate Boulevard, Sarasota, FL 34240.

<u>Duration</u>. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

#### **ARTICLE IV**

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 111 North Orange Avenue, Suite 1200, Orlando, FL 32801 and the name of the initial registered agent of the Company at that address is THOMAS P. MORAN.

#### ARTICLE V

Management. The Company shall be managed by a manager or managers in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager(s) of the Company is/are:

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NAME

<u>ADDRESS</u>

John Ritenour

1855 W. State Road 434 Longwood, Florida 32750

Keily Lanza

353 Interstate Boulevard Sarasota, Florida 34240

IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Amended and Restated Articles of Organization under the laws of the State of Florida this 25 day of September, 2007

STATE OF FLORIDA COUNTY OF SARASOTA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Kelly Lanza, to me personally. known to be the person described in and who executed the foregoing Amended and Restated Articles. of Organization and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 25 day of September, 2007.

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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

#### COSOURCE, LLC

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

- 1. The name of the limited liability company is COSOURCE, LLC
- 2. As designated in the Articles of Organization filed with this certificate, the name and the Florida street address of the registered agent is:

Keith C. Durkin 111 North Orange Avenue, Suite 1200 Orlando, Florida 32801

 The street address of the registered office and the street address of the business office of the registered agent are identical.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Keith C. Durkin

September 25, 2007

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SECRETARY OF STATE
TALLAHASSEE, FLORIGA