

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Aug 05, 2011
Secretary of State**

DOCUMENT# L07000101234

Entity Name: ARX INSURANCE ADVISORS, LLC

Current Principal Place of Business:

4776 HODGES BLVD
105
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

4776 HODGES BLVD
105
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEWERT, DEREK A
4776 HODGES BLVD
#105
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: DAS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SIEWERT, DEREK A
Address: 4776 HODGES BLVD
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby 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: DEREK A SIEWERT

MM

08/05/2011

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