2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 15, 2009
Secretary of State

DOCUMENT# L07000116640

Entity Name: SUNDANCERS BATON TWIRLERS, LLC

Current Principal Place of Business:

10201 HART BRANCH CIRCLE
ORLANDO, FL 32832 US

New Principal Place of Business:

3502 CURVING OAKS WAY
ORLANDO, FL 32820 US

Current Mailing Address:

10201 HART BRANCH CIRCLE
ORLANDO, FL 32832 US

New Mailing Address:

3502 CURVING OAKS WAY
ORLANDO, FL 32820 US

FEI Number: 14-2012519 **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:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

STARKEY, LYNETTE N
3502 CURVING OAKS WAY
ORLANDO, FL 32820 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: LYNETTE STARKEY 10/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STARKEY, LYNETTE
Address: 10201 HART BRANCH CIRCLE
City-St-Zip: ORLANDO, FL 32832 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STARKEY, LYNETTE
Address: 3502 CURVING OAKS WAY
City-St-Zip: ORLANDO, FL 32820 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: LYNETTE STARKEY MGRM 10/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date