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VISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 MAY -3 PH 12: 41

B. KOHR
MAY _3 2010

EXAMINER

10 MAY -3 PM 2: 36

SECRETARY OF STATE OF CORPORATION

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SAFEROUTE Products, U	O HAY SO CONTROLLED
,	PH 2:36
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	Art of Inc. File
	LTD Partnership File
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	Foreign Corp. File
	L.C. File Fictitious Name File
	Trade/Service Mark
	Art. of Amend. File for RF
	ł II
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
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AFFIDAVIT AMENDING MANAGERS OF SAFEROUTE PRODUCTS, LLC

STATE OF FLORIDA) COUNTY OF LEE)

We, the undersigned, after being duly sworn, state that to the best of our knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

- 1. The name of the company is: SafeRoute Products, LLC.
- 2. The names and addresses of the current Managers are:

William J. Romer

5649 Second Street - Unit 108 Lehigh Acres, FL 33971

Jefferson E. Romer

5649 Second Street - Unit 108 Lehigh Acres, FL 33971

3. The above listed Managers were elected by the members in accordance with the provisions of Chapter 608, Florida Statutes.

William J. Romer, Member

Jefferson E. Romer, Member

STATE OF FLORIDA) COUNTY OF LEE)

The foregoing instrument was acknowledged before me this day of day of von 2010, by WILLIAM J. ROMER, who is personally known to me or who provided a Florida driver's license as identification.

(Seal

FATIMA ANDRADE

Notary Public, State of FL
Comm. # DD 965150

My Comm. Expires April 12, 2014

Bonded Thru Troy Fain Insurance

Notary Public, State of Florida

My Commission No.: DDGL65151

My Commission Expires: (1)2,204

STATE OF FLORIDA) COUNTY OF LEE)

The foregoing instrument was acknowledged before me this _______, 2010, by JEFFERSON E. ROMER, who ________, significant is personally known to me or who _______ provided a Florida driver's license as identification.

(Seal)

FATIMA ANDRADE

Notary Public, State of FL

Comm. # DD 965150

My Comm. Expires April 12, 2014

Bonded Thru Troy Fain Insurance

Notary Public, State of Florida

My Commission No. DISIOSIS

My Commission Expires: (1) 12 2014