2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000032467

Entity Name: CERTIFIED CLIENT SOLUTIONS LLC

FILED Oct 05, 2009 Secretary of State

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

423 KINGS EAGLE LN 3127 FAIRWOOD CT APOPKA, FL 32712 WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

423 KINGS EAGLE LN 3127 FAIRWOOD CT APOPKA, FL 32712 WINTER PARK, FL 32792

FEI Number: 26-2361569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

RICE, PATRICIA RICE, PATRICIA 423 KINGS EAGLE LN 3127 FAIRWOOD CT WINTER PARK, FL 32792 US APOPKA, FL 32712

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: PATRICIA RICE

10/05/2009 Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change () Addition RICE, PATRICIA RICE, PATRICIA Name: Name: Address: 423 KINGS EAGLE LN Address: 3127 FAIRWOOD CT City-St-Zip: APOPKA, FL 32712 City-St-Zip: WINTER PARK, FL 32792

Title: MGRM (X) Delete Title: () Change () Addition Name: BACON, GEOFF Name:

Address: PO BOX 683079 Address: City-St-Zip: ORLANDO, FL 32868 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: PATRICIA RICE 10/05/2009