

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000036456

FILED
Sep 29, 2009
Secretary of State

Entity Name: DROP ADVISORY GROUP, LLC.

Current Principal Place of Business:

10151 DEERWOOD PARK
BLDG 200 SUITE 250
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

20801 BISCAYNE BLVD.
4TH FLOOR
AVENTURA, FL 33180 US

Current Mailing Address:

10151 DEERWOOD PARK
BLDG 200 SUITE 250
JACKSONVILLE, FL 32256 US

New Mailing Address:

20801 BISCAYNE BLVD.
4TH FLOOR
AVENTURA, FL 33180 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

BUCHANAN, JASON
10151 DEERWOOD PARK
BLDG 200 SUITE 250
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

BUCHANAN, JASON
20801 BISCAYNE BLVD
4TH FLOOR
AVENTURA, FL 33180 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: JASON BUCHANAN

09/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUCHANAN, JASON
Address: 10151 DEERWOOD PARK BLDG 200 SUITE 250
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BUCHANAN, JASON
Address: 20801 BISCAYNE BLVD. 4TH FLOOR
City-St-Zip: AVENTURA, FL 33180 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: JASON BUCHANAN

PRES

09/29/2009

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