2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000069120

Entity Name: EMPOWER PROCESSING LIMITED LIABILITY COMPANY

FILED Oct 21, 2009 Secretary of State

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

669 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714
2451 WESTWOOD DR
LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

669 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714
2451 WESTWOOD DR
LONGWOOD, FL 32779

FEI Number: 80-0300021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARTER, LINDA A
669 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714 US
HARTER, LINDA A
2451 WESTWOOD DR
LONGWOOD, FL 32779 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: LINDA A, HARTER 10/21/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 HARTER, LINDA A
 Name:
 HARTER, LINDA A

 Address:
 669 OAK HOLLOW WAY
 Address:
 2451 WESTWOOD DR

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 LONGWOOD, FL 32779

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 COLLINS, SANDRA
 Name:

 Address:
 296 SPRING RUN CIRCLE
 Address:

 City-St-Zip:
 LONGWOOD, FL 32779
 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: LINDA A HARTER MGRM 10/21/2009