2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000101894

City-St-Zip:

GREENWOOD, MS 38930

Entity Name: THE CLEO LEMON-AIDE FOUNDATION, LLC

FILED Oct 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1525 HARRINGTON PARK DR JACKSONVILLE, FL 32225 **Current Mailing Address: New Mailing Address:** 1525 HARRINGTON PARK DR JACKSONVILLE, FL 32225 FEI Number: 26-3622098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEMON, CLEO JR 1525 HARRINGTON PARK DR JACKSONVILLE, FL 32225 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: CLEO LEMON JR Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete LEMON, CLEO JR Name: Name: Address: 1525 HARRINGTON PARK DR Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LEMON, CHERESE R Name: Name: Address: 1525 HARRINGTON PARK DR Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LEMON, DIANNE Name: Name: 2012 BAXTER AVE Address: Address:

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.

City-St-Zip:

SIGNATURE: CHERESE LEMON MGRM 10/21/2009