2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000105694

City-St-Zip:

BOCA RATON, FL 33433

Entity Name: CONFIRM SOLUTIONS, LLC

FILED Oct 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6503 N MILITARY TRAIL 7040 W PALMETTO PARK RD 3001 4-815 BOCA RATON, FL 33496 BOCA RATON, FL 33433 **Current Mailing Address: New Mailing Address:** 6503 N MILITARY TRAIL 7040 W PALMETTO PARK RD 3001 4-815 BOCA RATON, FL 33496 BOCA RATON, FL 33433 FEI Number: 26-3711214 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent: GRAY, DAVID B GRAY, DAVID B 6503 N MILITARY TRAIL 7040 W PALMETTO PARK RD 3001 4-815 BOCA RATON, FL 33496 US BOCA RATON, FL 33433 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: DAVID B GRAY 10/21/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ESTRA, BRADFORD R Name: Name: Address: 5424 GRAND PARK PLACE Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GRAY, DAVID B Name: Address: 6503 N MILITARY TRAIL, STE 3001 Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ALT, LES S Name: Name: 23030 L'ERMITAGE CIRCLE 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: DAVID B. GRAY MGRM 10/21/2009