

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000106748

**FILED  
Oct 13, 2009  
Secretary of State**

**Entity Name:** CHRISTOPHER'S FINANCIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

3666 CAMERON CROSSING DR  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

3666 CAMERON CROSSING DR  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

**FEI Number:** 37-1585056      **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:**

CHRISTOPHER, STEPHANIE  
3666 CAMERON CROSSING DR  
JACKSONVILLE, FL 32223 US

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

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: STEPHANIE CHRISTOPHER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHRISTOPHER, STEPHANIE P  
Address: 3666 CAMERON CROSSING DR  
City-St-Zip: JACKSONVILLE, FL 32223 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: STEPHANIE CHRISTOPHER

OWNE

10/13/2009

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