2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 19, 2012
Secretary of State

DOCUMENT# L11000133225

Entity Name: CUSTOM CARE SOLUTIONS, LLC

Current Principal Place of Business:

1151 SHIRE STREET
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

1151 SHIRE STREET
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 45-3970985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BURKS, DOUGLAS M
1151 SHIRE STREET
NOKOMIS, FL 34275 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: DOUGLAS M BURKS

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BURKS, DOUGLAS M
Address: 1151 SHIRE STREET
City-St-Zip: NOKOMIS, FL 34275

I hereby 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 Statues.

SIGNATURE: DOUGLAS M BURKS MGR 11/19/2012

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