2008 LIMITED LIABILITY COMPANY REINSTATEMENT

| Mainry Actorises OR RESIDER JAME DELRAY BEACH, FL. 33483 2. Principal Place of Business - No P.O. Box # 3. Mainry Address Suite, Apt. #, etc. | DOCUMENT # M0200002198 1. Entity Name JS TOURING, LLC | | | | | | | | 70 P4 | | |
|--|--|-------------------------------------|----------------------|---------------------|------------|---|----------------|------------------------|--------------------------------|---------------|--|
| Sulfo, ADIL #, etc. Sulfo, ADIL #, etc. | 404 FISHER LANE | | | 404 FISHER LANE | | | | M | PUTT MANUA INGGI MATA (BIB) (1 | II P | |
| City & State Country Country S. Certificate of State Desired State Address of New Registered Agent The above named entity submest this statement for the purpose of changing its registered agent. City FL Zip Code S. The above named entity submest this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE THE ROPHIN IPEE IS \$198.75 After January 1, 3008, Fee will be \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to Findament agent do serve the prior notice. Find Annuary 1, 3008, Fee will be \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited Make Check payable to Findament agent does not state the serve the prior notice. Find Annuary 1, 3008, Fee will be \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited Make Check payable to Findament agent does not state the serve the prior notice. Find Annuary 1, 3008, Fee will be \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited Make Check payable to Findament agent | 2. Principal P | lace of Busir | ness - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Zip Country Zip Country S. Centificate of Status Desired | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 11182008 | REIN-LLC | CR2E101 (1/07) | | |
| 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nome CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-255 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent. Signature Transport of registered agent. Signature Transport Transport of registered agent. Signature Transport Transport of registered agent. Signature Transport Transport Transport and the Province of City Transport Signature Transport Signature Transport Transpo | City & State | | | City & State | | | | | ⊢ | | |
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| CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE, FL 32301-2525 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE MOWILI FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 In accordance with s. 607.133(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS In a Coordance with s. 607.133(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS In a Coordance with s. 607.133(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS In a Coordance with s. 607.133(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS In a Coordance with s. 607.133(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS In a Coordance with s. 607.133(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS In a Coordance with s. 607.133(2)(b), F.S., the limited liability company did not receive the prior notice. 10. ADDITIONS/CHANGES In a Coordance with s. 607.133(2)(b), F.S., the limited liability company did not receive the prior notice. 11./21/0301037007 | 6. Name and Address of Current I | | | | | 7. Name and Address of New Registered Agent | | | | | |
| Sireal Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, hoped or prints have of impressed agent and itself applicable. (IDTE: Replatement Agent signature in required agent.) In accordance with s. 607,193(2)(b), F.S., the timited liability company (life not except the prior notice. R. MANAGING MEMBERS/MANAGERS III. P. DOCHTERMANN, KEVIN SIREL ADDITIONS/CHANGES III. DOCHTERMANN, KEVIN SIREL ADDITIONS/CHANGES III. DOLLRAY BEACH, FL 33483 Doll Delate III. Delate III | CORPORA | ATION SE | RVICE COMPANY | | | Name | | | | | |
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| B. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature types of present owner of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the provided when nabhating D accept the familiar with, and accept the familiar with and accept the familiar with, and accept the familiar with, and acc | IALLADA | SSEE, FE | 32301-2323 | | | | | | | . | |
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| NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP 11- hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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. | NAME STREET ADDRESS | NAA Str | | | | AE EET ADORESS | | | ☐ Change | Addition | |
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| | SIGNATURE: Kevin Doctie/man 1/18/08 314/308-3928 | | | | | | | | | | |