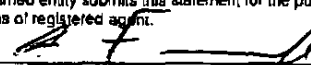
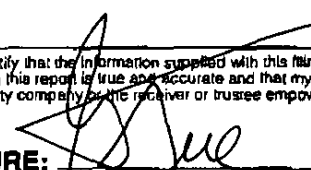


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 15 AM 9:52

DOCUMENT # M04000001559			
1. Entity Name OVERDRAFT, LLC			
Principal Place of Business 5370 OAKDALE RD SMYRNA, GA 30082		Mailing Address 5370 OAKDALE RD SMYRNA, GA 30082	
2. Principal Place of Business		3. Mailing Address 3300 Cumberland Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 400	
City & State		City & State Atlanta, GA	
Zip	Country	Zip	Country
30339		30339	GA
4. FEI Number 20-1024135		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Street 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		Allan Farnell, Assistant Vice President DATE Nov 2, 2005	
FILE NOW!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLACE, JAMES C JR 5370 OAKDALE RD SMYRNA, GA 30082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100061443301 11/15/05--01060--013 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLACE, JAMES C III 5370 OAKDALE RD SMYRNA, GA 30082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEEL, GORDON 11605 HAYNES BRIDGE RD, STE 575 ALPHARETTA, GA 30004 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3300 Cumberland Blvd, Ste 400 Atlanta, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE: 		11/9/05 678-746-5451	
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	