2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000003866

Entity Name: CLD INVESTMENT GROUP LLC

FILED Oct 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

NORTH MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

 11900 BISCAYNE BLVD, STE 512
 11900 BISCAYNE BLVD

 NORTH MIAMI, FL 33181
 STE 512

NORTH MIAMI, FL 33181

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FEI Number: 20-0668091 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: Name and Address of New Registered Agent:

BOYAR, DAMON
12000 BISCAYNE BLVD
SUITE 216

BOYAR, DAMON
11900 BISCAYNE BLVD
STE 512

NORTH MIAMI, FL 33181 US NORTH MIAMI, FL 33181 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.

CIONATURE DAMONDOVAR

SIGNATURE: DAMON BOYAR 10/12/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: BOYAR, DAMON Name: BOYAR, DAMON Address: 12000 BISCAYNE BLVD SUITE 216 Address: 11900 BISCAYNE BLVD, STE 512

City-St-Zip: NORTH MIAMI, FL 33181 Address: NORTH MIAMI, FL 33181

Title: MGR () Delete Title: MGR (X) Change () Addition Name: BALSAM, CRAIG Name: BALSAM, CRAIG

 Address:
 12000 BISCAYNE BLVD SUITE 216
 Address:
 11900 BISCAYNE BLVD, STE 512

 City-St-Zip:
 NORTH MIAMI, FL 33181
 City-St-Zip:
 NORTH MIAMI, FL 33181

Title: MGR () Delete Title: MGR (X) Change () Addition MONTEFORTE, LEONARD Name: MONTEFORTE, LEONARD Name: 12000 BISCAYNE BLVD SUITE 216 11900 BISCAYNE BLVD, STE 512 Address: Address: City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: NORTH MIAMI, FL 33181

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: DAMON BOYAR CFO 10/12/2009