2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000003628

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SCHAEFER, JOHN A

CINCINNATI, OH 45203

CINCINNATI, OH 45203

() Delete

555 GEST STREET

NOELL, DAVID K

555 GEST STREET

MGRM

Entity Name: K4 ARCHITECTURE, LLC

FILED Nov 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4300 W. CYPRESS STREET, SUITE 150 COLONIAL PLACE I TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 4300 W. CYPRESS STREET, SUITE 150 555 GEST STREET COLONIAL PLACE I CINCINNATI, OH 45203 TAMPA, FL 33607 FEI Number: 04-3596085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DYER, NIKKI 3615 S. GUNLOCK AVENUE TAMPA, FL 33629 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: NIKKI DYER Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete KLUMP, JEFFRY C Name: Name: 555 GEST STREET Address: Address: City-St-Zip: CINCINNATI, OH 45203 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition POSEY, RICHARD S Name: Name: Address: 555 GEST STEET Address: City-St-Zip: CINCINNATI, OH 45203 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HATFIELD, P. LAWRENCE Name: Name: Address: 555 GEST STREET Address: City-St-Zip: CINCINNATI, OH 45203 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: JEFFRY KLUMP MGRM 11/13/2009