

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000005791

Entity Name: DIRECPATH, LLC

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

817 W. PEACHTREE ST NW
750
ATLANTA, GA 30308

New Principal Place of Business:

817 W. PEACHTREE ST NW
SUITE 750
ATLANTA, GA 30308

Current Mailing Address:

817 W. PEACHTREE ST NW
750
ATLANTA, GA 30308

New Mailing Address:

817 W. PEACHTREE ST NW
SUITE 750
ATLANTA, GA 30308

FEI Number: 20-4849689 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:

BSPA CORPORATE SERVICES, INC.
350 E LAS OLAS BLVD
STE 1000
FT LAUDERDALE, FL 33301 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: JAMES SHAW

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: C () Delete
Name: HICKEY, STEVEN D
Address: 817 W. PEACHTREE ST NW STE 750
City-St-Zip: ATLANTA, GA 30308

Title: CEO () Delete
Name: DODD, WILLIAM K
Address: 817 W. PEACHTREE ST NW STE 750
City-St-Zip: ATLANTA, GA 30308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES SHAW

TM

10/12/2009

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