

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M08000002299

Entity Name: BRAXTON TECHNOLOGIES, LLC

FILED
Oct 26, 2009
Secretary of State

Current Principal Place of Business:

524 S. CASCADE AVENUE, STE. 16
COLORADO SPRINGS, FL 80903

New Principal Place of Business:

770 WOOTEN ROAD
SUITE 105
COLORADO SPRINGS, CO 80915

Current Mailing Address:

524 S. CASCADE AVENUE, STE. 16
COLORADO SPRINGS, FL 80903

New Mailing Address:

770 WOOTEN ROAD
SUITE 105
COLORADO SPRINGS, CO 80915

FEI Number: 26-2224163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MADONNA CUDDIHY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'NEILL, KEVIN
Address: 524 S. CASCADE AVENUE, STE. 16
City-St-Zip: COLORADO SPRINGS, FL 80903

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CFO (X) Change () Addition
Name: KELLER, MAURY
Address: 770 WOOTEN RD. SUITE 105
City-St-Zip: COLORADO SPRINGS, CO 80915

Title: MGR () Change (X) Addition
Name: THE O'NEIL GROUP COMPANY, LLC
Address: 770 WOOTEN RD. SUITE 105
City-St-Zip: COLORADO SPRINGS, CO 80915

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: MAURY KELLER

CFO

10/26/2009

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