2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000013161

Entity Name: BURR MANAGEMENT, INC.

FILED Mar 10, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

443 7TH AVENUE 11 SPINNAKER POINT CT INDIALANTIC, FL 32903 SATELLITE BEACH, FL 32927

Current Mailing Address: New Mailing Address:

443 7TH AVENUE 11 SPINNAKER POINT CT INDIALANTIC, FL 32903 SATELLITE BEACH, FL 32927

FEI Number: 20-8338841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BURR, JOHN BURR, JOHN 11 SPÍNNAKER POINT CT 443 7TH AVENUE INDIALANTIC, FL 32903 US US SATELLITE BEACH, FL 32927

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: JOHN BURR 03/10/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

BURR, JOHN Name: Name: BURR, JOHN 443 7TH AVENUE 11 SPINNAKER POINT CT Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: SATELLITE BEACH, FL 32927

Title: Title: () Delete (X) Change () Addition Name: THOMS, LORI Name: THOMS, LORI

443 7TH AVENUE Address: 11 SPINNAKER POINT CT Address: INDIALANTIC, FL 32903 City-St-Zip: City-St-Zip: SATELLITE BEACH, FL 32927

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BURR **DPST** 03/10/2009