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 all other like empowered.

SIGNATURE: THOMAS MOLLER

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT
DOCUMENT# H28413

Entity Name: CORVETTES WEST, INC.

Current Principal Place of Business:

% THOMAS MOLLER 6175A CLARK CENTER AVENUE SARASOTA, FL 34238

Current Mailing Address:

% THOMAS MOLLER 6175A CLARK CENTER AVENUE SARASOTA, FL 34238

FEI Number: 59-2464224

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MOLLER, THOMAS 6175A CLARK CENTER AVENUE SARASOTA, FL 34238 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.

SIGNATURE:

Officer/Director Detail : Title DP Title VTS MOLLER, DEBORA S Name MOLLER, THOMAS Name Address 6175A CLARK CENTER AVE Address 6175A CLARK CENTER AVE. City-State-Zip: SARASOTA FL 34238 City-State-Zip: SARASOTA FL 34238

I hereby 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

PRES.

FILED Feb 24, 2020 Secretary of State 8307537473CC

Certificate of Status Desired: No

02/24/2020

Date