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 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: PAUL BICHLER

Electronic Signature of Signing Officer/Director Detail

FEI Number: 65-0296794 Name and Address of Current Registered Agent:

Current Principal Place of Business:

BICHLER, PAUL M 4153 SE 85 AVE DAVIE, FL 33328 US

4153 SW 85 AVE DAVIE, FL 33328 US

DOCUMENT# S81939

Current Mailing Address:

4153 SW 85 AVE DAVIE, FL 33328

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: PAUL M. BICHLER

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | Р |
|-----------------|-----------------|
| Name | BICHLER, PAUL M |
| Address | 4153 SW 85 AVE |
| City-State-Zip: | DAVIE FL 33328 |

Entity Name: TRI-COUNTY MARINE CONTRACTOR OF FLORIDA, INC.

Certificate of Status Desired: No

05/01/2021

Date

Date

OFFICER/DIRECTOR

05/01/2021

FILED May 01, 2021 Secretary of State 2656493754CC