that my name appears above, or on an attachment with all other like empowered. 04/30/2013 OFFICE MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

MANDRICK, MARK D 440 DEWHURST STREET PORT CHARLOTTE, FL 33954 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:

Electronic Signature of Registered Agent

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MANDRICK, MARK D	Name	MANDRICK, JILL R
Address	440 DEWHURST STREET	Address	440 DEWHURST STREET
City-State-Zip:	PORT CHARLOTTE FL 33954	City-State-Zip:	PORT CHARLOTTE FL 33954

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 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; and

SIGNATURE: JILL MANDRICK

Certificate of Status Desired: No

----Secretary of State CC8272472289

Entity Name: SECOND WORLD AQUATICS LLC

Current Principal Place of Business:

440 DEWHURST STREET PORT CHARLOTTE, FL 33954

DOCUMENT# L11000081475

Current Mailing Address:

440 DEWHURST STREET PORT CHARLOTTE. FL 33954

FEI Number: 65-1029224

Name and Address of Current Registered Agent:

FILED			
Apr 30, 2013			
ecretary of State			

Date