SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State L00000004146 DOCUMENT # 1. Entity Name 05-15-2002 90054 005 ****50.00 CORSAIR NAUTICAL COMPANY, LLC Principal Place of Business Mailing Address HULUATAD 1000 S.E. MONTEREY COMMONS BLVD., STE 300 1000 S.E. MONTEREY COMMONS BLVD., STE 300 STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0999389 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required__ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINTON, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 1903 SOUTH 25TH STREET, SUITE 200 FORT PIERCE FL 34947 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition 96 NAME E. DANIEL MORRIS NAME STREET ADDRESS 1000 S.E. MONTEREY COMMONS BLVD., STE 300 STREET ADDRESS CR2E083 CITY-ST-ZIP STUART FL 34996 CITY-ST-21P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-71P CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

REDE. DANIEL MORRIS, MANAGER

Dayline Phone 8

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED