2000 UNIFORM BUSINESS REPORT (UBR) APPROVED M99000001748 DOCUMENT # 1. Entity Name SHIPWATCH BY THE SEA, A LIMITED LIABILITY COMPANY 00 JUN 12 PM 1:40 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 5401 JACKSON STREET 5401 JACKSON STREET ALEXANDRÍA LA 71303 ALEXANDRIA LA 71303-2322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable 62-1798996 ⇒Zio≍∹≤≈≈ **---\$5.00**-Additional≈ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIANE M. DECKER C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 35000 FMERALD COAST PARKWAY 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 35541 DESTIN. 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. FILE NOW!!! FEE:IS:\$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. ☐ Addition TITLE Change TITLE P. DONALD WHITE JR. MAME MAME 5401 JACKSON ST. STREET ADDRESS STREET ANDRESS ALEXANDRIA, LA. 71303 CITY-ST-ZIP CITY-ST-ZIP 500003298045 -06/20/00--010 34 page 020 Addition TITLE CHARLES N. WHITE, II MAME NASKE *****50.80 *****50.00 5401 JACKSON ST. STREET ADDRESS STREET ADDRESS ALEXANDRIA, LA. 71303 CITY- \$1-71P CITY-ST-ZIP FREDERICK LAMAR WHITE 5401 JACKSON ST. TITLE 🔲 Change Addition | TITLE HÂME STREET ADDRESS ALEXANDRIA, LA. 71303 STREET ADDRESS CITY- ST- ZIP CITY-81-ZIP TITLE Change Addition PAULA ELIZABETH WHITE HAYES TITLE MANCE 5401 JACKSON ST. STREET ADDRESS STREET ADDRESS ALEXANDRIA, LA. 71303 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition MARTHA ANNE WHITE JOHNSTON Delta TITLE MAME 5401 JACKSON ST. STREET ADDRESS STREET ADDRESS ALEXANDRIA, LA. 71303 CITY-ST-ZIP CITY-8T-ZIP ☐ Change ☐ Addition TITLE TITLE WHITE MANAGEMENT SERVICE NAME RAME

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 eath; 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.

STREET ADDRESS

CITY- 91- ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

A LIMITED LIABILITY COMPANY 1

5400 JACKSON ST.