N21506 FILED DOCUMENT # 1. Entity Name May 16, 2000 8:00 am Hillsborough Rough Riders Ine L **Secretary of State** 03-04-2000 90006 019 ****70.00 Principal Place of Business Mailing Address 17304 N. Dale Mabry Hwy LUTZ, PL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2848496 Not Applicable Country Country \$8.75 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 John W. Bakas Jr 201 E. Kennedy Blvd. Street Address (P.O. Box Number is Not Acceptable) Suite 400 Tampa, PL - 33602 Zip Code City 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 John W- Bakas Jr. Feb. 4,2000 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61,25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Delete president **Change** TITLE TITLE President Kirk Henson 3332 Wallcraft Ave NAME NAME **B**usan Spillers 14302 Ravenwood Lane Tampa R 33618 STREET ADDRESS STREET ADDRESS Tampa, PL 33611 CITY -ST -319 C17Y - ST - 21P ☐ Change Delete Addition TITLE TITLE Dresident Elect Secretary NAME Dane Heflin NAME KIM HUSTON 707 Thunderhead St STREET ADDRESS STREET ADDRESS 704 Chil+ Dr CITY-ST-ZIP 33544-CITY-ST-ZIP-Brandon, pc 33510 Nestey-Chapel, Change Addition ☐ Delete TITLE Secre-tany NAME NAME Beth Harre-Orr STREET ADDRESS zii w. Indiana Ave STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Tampa, PL 33603 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DILE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Seth Name-Un SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR