,2008 FOR PROFIT CORPORATION

SIGNATURE:

Jun 04, 2008 8:00 am **Secretary of State** DOCUMENT # P07000094254 06-04-2008 90008 022 ***150.00 RIGS LIFESTYLE GEAR, INC. Principal Place of Business Mailing Address 3354 PLANTATION PLACE 3354 PLANTATION PLACE SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 04172008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Applied For Not Applicable Zip 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 SEACE, ERIC M Street Address (P.O. Box Number is Not Acceptable) 3354 PLANTATION PL SARASOTA, FL 34231 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Iyood or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition SEACE, ERIC NAME NAME STREET ADDRESS 3354 PLANTATION PL STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP Delete TITLE Charige ■ Addition TITLE NAME KAPINOS, PETER NAME STREET ADDRESS STREET ADDRESS 3354 PLANTATION PL CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME 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 □ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED