2021 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2001 8:00 am Secretary of State DECUMENT # P93000084265 05-22-2001 90793 039 ***150.00 MR. LUCKY'S EXCURSIONS, INC. Principal Place of Business Mailing Address % Atlantia Holdings % Atlantia Holdings 910 S.E. 17th St., Suite 300 910 S.E. 17th St., Suite 300 553062 Ft. Lauderdale, FL 33316 Ft. Lauderdale, FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0457421 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WAGNER, J C/O KB HOLDINGS Wagner, J. 647 EAST DANIA BEACH BOULEVARD % Atlantia Holdings DANIA BEACH FL 33004 910 SE 17th St., # 300 Zip Code Ft. Lauderdale, FL 33316 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 % Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Pŝtd TITLE Change TITLE Delete Bailey, William A. KONSTANTINOS GUS BOULIS NAME NAME % Atlantia Holdings C/O KB HOLDINGS / 647 E. DANIA BCH BLVD STREET ADDRESS STREET ADDRESS 910 SE 17th St., # 300 CITY-ST-ZIP CITY-ST-ZIP DANIA BEACH FL 33004 Ft. Lauderdale, FL 33316 ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Farrell, James B. CITY-ST-ZIP CITY-ST-ZIP % Atlantia Holdings TITLE 910 SE 17th St., #300 Addition ☐ Delete TITLE NAME Ft. Lauderdale, FL 33316 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

Daytime Phone #