2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 21, 2001 8:00 am Secretary of State DOCUMENT # P9400002110 BLUE GROTTO DIVE RESORT, INC. 02-21-2001 90034 008 ***150.00 Mailing Address Principal Place of Business 3852 NW 172ND CRT 3852 NW 172ND CRT WILLISTON FL 32969 WILLISTON FL 32969 3. Mailing Address 3852 NE 172ND CRT 2. Principal Place of Business 3852 NE 172ND CRT DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 59-3218233 City & State WILLISTON, Not Applicable \$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 CORPORATION INFORMATION SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 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. 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE NE 172 ND CRT PARADISO, ED NAME NAME RT. 3, BOX 2790 STREET ADDRESS STREET ADDRESS WILLISTON, FL 32696 WILLISTON FL 32696 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete PARADISO, ED III NAME NAME 4225 NE 18 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP OCALA FL 34479 CITY-ST-ZIP ☐ Addition ¹ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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-7(P ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.

SIGNATURE:

| SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daylime Phone #