FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 16, 2000 8:00 am Secretary of State DOCUMENT # P94000071047 TEVMARING INC. 08-16-2000 90006 010 ***150.00 Principal Place of Business Mailing Address TEV MARINE INC. Suite 203 00104591 Ft. LAuderclale, FL 2. Principal Place of Business 3. Mailing Address TEV MARING IN DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TODD VANDERLEELIE VAN DER LEELTE 4947 Gulf Blid ST. Pete, Bch. FL *337*06 oth, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office SIGNATURE TOPP VANDER LEGGE TO Signature, typed or printed name of registered agent and little 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE Delete TITLE ☐ Addition TODO VANDERLEELTE POBOX 272 NAME STREET ADDRESS STREET ADDRESS Tinnie, MM. 88351. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition 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.

SIGNATURE:

G OFFICER OR DIRECTOR

attachment # P94000071047
B0104891 8/2/00 To whom It mpy Concern, Should you have any further questions

Please contact me at 505-653-4437. Thank You,