FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State P95000050876 DOCUMENT # 1. Entity Name 05-12-2002 90638 024 ***150.00 SEBASTIAN TILE & MARBLE, INC. Mailing Address Principal Place of Business 25741 AYSEN DRIVE 000120 25741 AYSEN DRIVE **PUNTA GORDA FL 33983** PUNTA GORDA FL 33983 3. Mailing Address 2. Principal Place of Business 26071 26071 Tat7 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-0593376 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent FINOCCHIARO, LUZ E Street Address (P.O. Box Number is Not Acceptable) 25741-AYSEN DRIVE PUNTA GORDA FL 33983 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 signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete NAME FINOCCHIARO, LUZ É STREET ADDRESS STREET ADDRESS 25741 AYSEN DRIVE CITY-ST-ZIP **PUNTA GORDA FL 33983** CITY-ST-ZIP Delete TITLE NAME NAME FINOCCHIARO, SEBASTIAN STREET ADDRESS STREET ADDRESS 25741 AYSEN DRIVE CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33983 ☐ Addition TITLE Delete TITLE NAME: = 4.7. NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP