2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700055800 May 12, 2000 8:00 am Secretary of State 1. Entity Name FACTORY BAY HOLDING COMPANY 05-12-2000 90058 015 ***150.00 Principal Place of Business Mailing Address 177 WORCESTER ST FIFTH AVENUE SOUTH WELLESLEY MA 02481-5515 __ FL 34102 3. Mailing Add to David Nassif Company 2. Principal Place of Business 195 Worcester Street Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 301 City & State 4. FEI Number Applied For City & State 65-0765423 Not Applicable Welleslev. MAr Country \$8.75 Additional Zip Country Ziρ 02481 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANTARAMIAN, JACK Street Address (P.O. Box Number is Not Acceptable) 365 FIFTH AVE SOUTH SUITE #201 NAPLES FL 34102 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PDS: ☐ Change Addition TITLE ☐ Delete NAME NAME ANTARAMIAN, JACK STREET ADDRESS STREET ADDRESS 365 FIFTH AVE SOUTH #201 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Delete VTD (X) Change Addition **VTD** TITI F TITLE NAME NASSIF, DAVID E. NAME NASSIF, DAVID E STREET ADDRESS 195 WORCESTER STREET-SUITE 301 STREET ADDRESS 365 FIFTH AVE SOUTH #201 CITY-ST-ZIP ___ CITY-ST-ZIP NAPLES FL 34102_-----WELLESLEY .--MA-02481 --Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

Davidse Massiff REQU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR