FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 21, 2000 8:00 am Secretary of State DOCUMENT # P99000023028 RIOUX MANAGEMENT, INC. 02-21-2000 90024 014 ***150.00 Principal Place of Business Mailing Address 2922 KINGSLAKE BLVD. 2922 KINGSLAKE BLVD. 714937 NAPLES FL 34112 NAPLES FL 34112-3604 2. Principal Place of Business Mailing Address 4.O. 265 LANCHESTER CT 2307 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-356381 Not Applicable Country Country Zip **\$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 CHANGE OF A ADDYESS Name +TIOUX IZFINNE RIQUX-HULAN, SUZANNE F Street Address (P.O. Box Number is Not Acceptable) 265 CANCHESTER CT: 2922 KINGSLAKE BLVD. NAPLES FL 34112 City NAPLES 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 forda ERDUZC (NOTE: Registered Agent signature equired when reins 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box 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. 11. CR2E034 (9/99) Change TITLE ☐ Addition TITLE Delete RIOUX-HULAN, SUZANNE F SUZANNE RIOUX VERDUZCO NAME NAME 265 LANCHESTER CT 2922 KINGSLAKE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 NADLES FL 341/2 TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7JP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF