1. Entity Name

DOCUMENT # P99000057207 May 15, 2000 8:00 am Secretary of State NAVY'S CORPORATION 04-03-2000 90149 024 ***150.00 Mailing Address

Principal Place of Business 100 N BISCAYNE BLVD STE 700 100 N BISCAYNE BLVD STE 700 MIAMI FL 33132-2344 MIAMI FL 33132 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State FEI Number City & State Not Applicable \$8.75 Additional Country Country Zip Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FILLOY, JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 100 N BISCAYNE BLVD STE 700 **MIAMI FL 33132** Zip Code City 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, 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 \$5.00: May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. CR2E034 (9/99) ☐ Addition Change ☐ Delete TITLE TITLE BUNARDJIEV, NATCHO D NAME NAME STREET ADDRESS 100 N BISCAYNE BLVD STE 700 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP Change ☐ Adortion ☐ Delete TITLE TITLE PETKOVA, VELITCHKA T NAME NAME 100 N BISCAYNE BLVD STE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** ☐ Addition Change TIMÉ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition ☐ Delete TITLE NAME 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 BILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I turther certify that the information indicated on this report of 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 ecceiver 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 of the corporation or the changed, or on an atta ith an address, with all other like empowered.

SIGNATURE: