2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000095861 May 18, 2000 8:00 am Secretary of State 1. Entity Name NUGGET HOLDINGS CORP. 05-18-2000 90283 039 ***150.00 Principal Place of Business Mailing Address 120 N. U.S. Highway One, Suite 100 Tequesta, FL 33469 A0061433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0965541 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Vicki J. Lavache 120 N. U.S. Highway One, #100 Street Address (P.O. Box Number is Not Acceptable) Tequesta, FL 33469 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE --- 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change Addition Vicki J. Lavache John O'Keefe, Jr. NAME NAME 120 N. U.S. Highway One, Tequesta, FL 33469 120 N. U.S. Highway One, #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tequesta, FL CITY-ST-ZIP O'KEEFE, JOHN Change **Addition** Delete TITLE D, P, S, T TITLE VICKI T. LAVACHE 120 N. U.S. Highway One, #100 NAME NAME 120 N. U.S. Nighway One, #100 TE QUESTA, FL 33 469 STREET ADDRESS TEQUESTA, FL 33469 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME 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-719 Change Addition ☐ Delete TITLE TITLE NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP D.T.: ST-ZIP ☐ Change ☐ Addition IIILE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP

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. 561-747-0244