FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State DOCUMENT # P99000104410 1. Entity Name 05-20-2002 90127 012 ***150.00 DESTIN ASSET MANAGEMENT, INC. Principal Place of Business Mailing Address 144 INDIAN BAYOU DRIVE 144 INDIAN BAYOU DRIVE DESTIN FL 32541 DESTIN FL 32541 Principal Place of Business DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For SANTA NOT APPLICABLE Not Applicable \$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 DUROURE, DAVID A 144 INDIAN BAYOU DRIVE DESTIN FL 32541 nits this statement fo e purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May.Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DAVID A. DUROURE (9/01) ☐ Delete 95 DURANGO N.E. 45-A DUROURE, DAVID NAME STREET ADDRESS 144 INDIAN BAYOU DR STREET ADDRESS CR2E034 CITY-ST-ZIP DESTIN FL 32541 CITY-ST-7IP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .13. I hereby certify that the information supplied with this findicated on this report or supplemental report is true a If hig does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director action 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 receiver or trustee empowers changed, or on an attachment with an address, with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR