FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 19, 2000 8:00 am Secretary of State DOCUMENT # \$80317 1. Entity Name 02-19-2000 90005 048 ***150.00 TUBBY, INC. 1 Mailing Address Principal Place of Business 9322 ARBORWOOD CIRCLE 143 SCORPIONS CT νυστοσύο MERRITT ISLAND FL 32953 DAVIE FL 33328-6772 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3098198 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PALERMO, MARGARET Street Address (P.O. Box Number is Not Acceptable) 9322 ARBORWOOD CIR DAVIE FL 33328 Zip Code City Fİ 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 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 11. OFFICERS AND DIRECTORS 12 IDD/DJ PEUSIGES TITLE Change Delete TITLE PALERMO, MARGARET NAME NAME STREET ADDRESS 9322 ARBORWOOD CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 ☐ Addition ☐1 Change TITLE ☐ Delete TITLE PALERMO, ANTHONY NAME NAME 1430 SCORPIOUS COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MERRITT ISLAND FL 32953** Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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.

SIGNATURE: Hayard Julianis Har Garet Jalermo 2-3-10

AGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devumo Phone #