I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears

SIGNATURE: JOSHUA WOOLSEY OFFICER

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

DOCUMENT# N1500002748

Entity Name: BEACHES OKTOBERFEST, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

203 FORT WADE ROAD, SUITE 105 PONTE VEDRA, FL 32081

Current Mailing Address:

203 FORT WADE ROAD, SUITE 105 PONTE VEDRA, FL 32081 US

FEI Number: 47-3706974

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

WOOLSEY, JOSHUA A 203 FORT WADE ROAD, SUITE 105 PONTE VEDRA, FL 32081 US

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:

Officer/Director Detail : Title Ρ Title VP WAGONER, CHARLES Name Name WOOLSEY, JOSHUA A Address 203 FORT WADE ROAD, SUITE 105 Address City-State-Zip: PONTE VEDRA FL 32081 City-State-Zip: PONTE VEDRA FL 32081

FILED May 01, 2019 Secretary of State 8882773153CC

Certificate of Status Desired: No

203 FORT WADE ROAD, SUITE 105

05/01/2019

Date

Date