that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIAS MAROUKI

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

(-) D-(-! . 4 1. . - - - - - -

| Authorized Person(s) Detail : | | | |
|-------------------------------|-------------------------------|-----------------|-----------------------|
| Title | MGR | Title | MANAGER MEMBER |
| Name | DI IESO, LUCIA | Name | MAROUKI, ELIAS |
| Address | 7270 SW 89TH ST UNIT C-203 | Address | 8395 SW 73 AV. 610 |
| City-State-Zip: | MIAMI FL 33156 | City-State-Zip: | MIAMI FL 33143 |

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.

Current Mailing Address:

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

8395 SW 73 AV. 610 MIAMI, FL 33143 US

8395 SW 73 AV.

MIAMI, FL 33143

610

DOCUMENT# L18000163108

Current Principal Place of Business:

FEI Number: 83-1141213

Name and Address of Current Registered Agent:

Entity Name: BORA BORA POOLS COMPANY LLC

DE VARONA CPA PA 2525 PONCE DE LEON BLVD STE 300 CORAL GABLES, FL 33134 US

SIGNATURE:

FILED Apr 14, 2023 Secretary of State 8985093266CC

Date

Certificate of Status Desired: No

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

MGR