| umber: 36-4816547 | Certificate of Status Desired: No | |
|---|---|-----|
| e and Address of Current Registered Agent: | | |
| DUNY, RAFIC IE 7TH AVE RATON, FL 33487 US | | |
| ove named entity submits this statement for the purpose of changing its registered office or regi | stered agent, or both, in the State of Florida. | |
| ATURE: RAFIC HASROUNY | 10/24/2 | 016 |

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000140312

Entity Name: S&S ENTERTAINMENT-US LLC

Current Principal Place of Business:

170 NE 2ND STREET UNIT 1934 BOCA RATON, FL 33429

Current Mailing Address:

5598 NE 7TH AVE BOCA RATON, FL 33487 US

FEI Nu

Name

Electronic Signature of Registered Agent

HASRO 5598 NE BOCA R

TI . . . I a.

| The above named entity | submits this statement for the purpose of chang | ing its registered office or registered age | ent, or both, in the State of Fiorida. |
|------------------------|---|---|--|
| SIGNATURE: R | AFIC HASROUNY | | 1(|

| Authorized Person(s) Detail : | | | | | |
|-------------------------------|---------------------|-----------------|-------------------------|--|--|
| Title | MGR | Title | MGR | | |
| Name | HASROUNY, RAFIC | Name | O'BRIEN-HASROUNY, SHARI | | |
| Address | 5598 NE 7TH AVE | Address | 5598 NE 7TH AVE | | |
| City-State-Zip: | BOCA RATON FL 33487 | City-State-Zip: | BOCA RATON FL 33487 | | |
| | | | | | |

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

SIGNATURE: RAFIC HASROUNY

MANAGER

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Oct 24, 2016 Secretary of State CR0677086351