2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000006548

Entity Name: GAMERS RESPAWN LLC

Current Principal Place of Business:

865 PALM BAY RD NE 101 WEST MELBOURNE, FL 32904

Current Mailing Address:

865 PALM BAY RD NE 101 WEST MELBOURNE, FL 32904 US

FEI Number: 81-4991746

Name and Address of Current Registered Agent:

BLOUIN, CHRISTOPHER R 1157 SANDDUNE LANE 203 MELBOURNE, FL 32934 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:

Electronic Signature of Registered Agent

Authorized Percen(c) Detail :

| Authonized Ferson(s) Detail. | | | | |
|------------------------------|-------------------------------|-----------------|----------------------------|--|
| Title | MGR | Title | MGR | |
| Name | SCOTT, STEVEN M | Name | BLOUIN, CHRISTOPHER R | |
| Address | 3012 FOUNTAINHEAD CIR APT 140 | Address | 1157 SANDDUNE LANE APT 203 | |
| City-State-Zip: | MELBOURNE FL 32934 | City-State-Zip: | MELBOURNE FL 32935 | |
| Title | MGR | | | |
| Name | HERNANDEZ, MIGUEL ANGEL JR. | | | |
| Address | 1450 SHEAFE AVE. NE 102 | | | |
| City-State-Zip: | PALM BAY FL 32905 | | | |

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: STEVEN SCOTT | MGR |
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Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 30, 2018 Secretary of State CC9616113545

Certificate of Status Desired: Yes

01/30/2018 Date

Date