L08000106096

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400311698614

04/23/18--01025--011 **25.00



WOSTER RIE

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	Turtle Beach Food Service, LLC					
JUBULCI.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change a	ınd fe	e(s) are submitted for filing.		
Please return	all correspondence concerning the	is matter to t	he fo	llowing:		
Jamil G. D	Paoud, Esq.					
· · · · · · · · · · · · · · · · · · ·	Name of Person			•		
Foley & La	ardner LLP					
	Firm/Company			•		
100 N. Tai	mpa Street, Suite 2700					
	Address			-		
Tampa, Fl	orida 33602					
	City/State and Zip Code	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		
jdaoud@f	-					
E-mail	address: (to be used for future ann	iual report n	otific	ation)		
For further i	nformation concerning this matter,	please call:				
Jamil G. D	oaoud, Esq.	813		225-4188		
	Name of Person			Area Code & Daytime Telephone Number		
Reg Div Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations from Building 1 Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
☑ \$	25 Filing Fee		\$55	Filing Fee & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2018

JAMIL G DAOUD FOLEY & LARDNER LLP 100 N TAMPA ST, SUITE 2700 TAMPA, FL 33602

SUBJECT: TURTLE BEACH FOOD SERVICE, LLC

Ref. Number: L08000106096

We have received your document for TURTLE BEACH FOOD SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 318A00008540

RECEIVED

OUBMAY -3 AM 10: 23

DEPARTMENT OF STATE

MYSSION OF CORPORATION

TALLAHASSEE, FLOPPE

THE PART OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	ame of the limited liability company: Turtle Beach	Food S	Service, LLC
2. (a)		(1	(b)
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)
	5621 E. Powhatan Avenue		5621 E. Powhatan Avenue
	Tampa, FL 33610	_	Tampa, FL 33610
	11/14/2008		L08000106096
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
,	Registered Agent and Registered Office shown on the records of Sujanani, Sanjay	f the Florid	da Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	(22)
	640 E. Douglas Road, Suite A		
	Oldsmar	3467	77
	, ri	L	
	Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address:		TALLAH HAA
	5621 E. Powhatan Avenue		ASSIN 3
			M. C.
	Tampa .FI	3361	10
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regi iability c of the lin	gistered office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in a liability company.
Ciana	ature of a member or authorized representative of a member	`	Printed or typed name of signee
l here provis the ob to mer	the or a member of authorized representative of a member siby accept the appointment as registered agent and age tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ligations of my position as registered agent as provide ligations of the proper address, I writing of this change.	ree to ac e perforn ed for in hereby c	
Signate	ure of Registered Agent		