

15000071123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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17 OCT -5 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2017

SEGA INDUSTRIES LLC.
C/O 10057 NW 4TH STREET
PLANTATION, FL 33324

SUBJECT: SEGA INDUSTRIES LLC.
Ref. Number: L15000071123

It has been called to our attention that the above named entity has designated SHAWN CHALNICK as Registered Agent with an incorrect registered office.

We are asking you to file a change of registered office address with office to correct the filing error. The registered office must have a Florida street address.

Please complete the enclosed Statement of Registered Office or Registered Agent form. Return the completed form and appropriate fee to my personal and confidential attention. The address is listed below.

This letter is to be considered your 60 day notice that your entity will be subject to administrative dissolution or revocation if this error is not corrected by October 17, 2017.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 517A00016960

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEGA INDUSTRIES LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawn Chalnick

Name of Person

SEGA INDUSTRIES LLC

Firm/Company

10057 N.W 4th Street

Address

Plantation FL 33324

City/State and Zip Code

chalnick.shawn@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Chalnick

Name of Person

at (754) 224 9769

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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

**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.

1. Name of the limited liability company: SEGA INDUSTRIES LLC
2. (a) 10057 N.W. 4th St.
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Plantation, FL 33324
- (b) 10057 N.W. 4th St.
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Plantation, FL 33324
3. 04/13/2015
Date of filing/registration in Florida
4. L15000071123
Document number
5. (a) Shawn Chalnick
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
916 Savannah Falls Dr.
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
Weston, FL 33325
- (b) Shawn Chalnick
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
10057 N.W. 4th St.
NEW Registered Office Address:
Plantation, FL 33324

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← New

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Shawn Chalnick
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00