1500071123

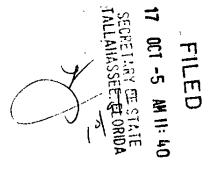
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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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 FC 33324 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Shques Chale: ck at (754) 224 9769 Name of Person 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 \$\textstyle \text{\$55 Filing Fee & Certified Copy}						
INHS18 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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:SE	GA IN	DUSTRIES ,	uc
	a) 10057 N.W 4th St.	(b)	<u> </u>	o Um st.
۷. (Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of lim (Note: MAY BE PO	ited liability company:
	Plantation, FC 33324	<u> </u>	plantation	, FL 3372
	04/13/2015 Date of filing/registration in Florida		1500007112	3
3.				r
5.	(a) Shawn Chalnick Registered Agent and Registered Office shown on the record			
	_	_		SEC ALL
	916 Savamah F	alls DR.		
	Registered Office Address (MUST BE FLORIDA STR		•	FIL T-5 ASSEE
(b) 54awn Cha (n. cle Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	· · · · ·	OF STATE E. FLORIDA New
	NEW Registered Office Address:	•		
	Plantation	_,FL <i>73</i> 3	24	
If th	ne timited liability company is not organized under the change or changes are made, the Florida street addre	he laws of the State	of Florida, it is hereby	confirmed that after
agei	nt will be identical. Or, in the case of a Florida limit	ted liability compar	nv. it is hereby confirme	d that the change(s)
was	/were authorized by an affirmative vote of the membarticles of organization or the operating agreement o	bers of the limited l	iability company or as o	therwise provided in
ше	articles of digalitation that operating agreement o		Shawn C	helick
Si	mature of a member or authorized representative of a member	- -	Printed or typed nam	ne of signee
pro the to n	ereby accept the appointment as registered agent an visions of all statutes relative to the proper and compobligations of my position as registered agent as properly reflect a change in the registered office addressible in writing of this change	nd agree to act in the plete performance ovided for in Chaptess, I hereby confirm	is capacity. I further ag of my duties, and I am fo er 605, F.S. Or, if this a n that the limited liabilit	ree to comply with the imiliar with and accept locument is being filed y company has been
Sign	nature of Registered Agent	- ·		

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