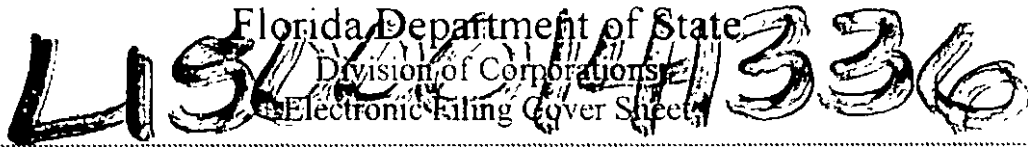


6/8/2020

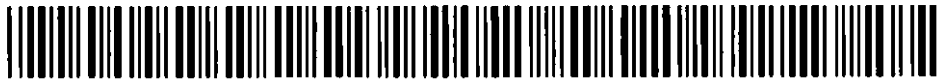
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000172304 3))



H200001723043ABCT

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2020 JUN -8 PH 2:38

LLC REGISTERED AGENT CHANGE
TORTUGA DESIGN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2020 JUN -8 PM 12:03

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tortuga Design, 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:

Kathy Darden
Name of Person

Polsinelli PC
Firm/Company

150 N. Riverside Plaza, Suite 3000
Address

Chicago, IL 60606
City/State and Zip Code

kdarden@polsinelli.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Darden at (312) 463-6381
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Tortuga Design, LLC

2. (a) Principal office address of limited liability company: 80 SW 8th Street, Suite 2100 Miami, FL 33130
(b) Mailing address of limited liability company: 80 SW 8th Street, Suite 2100 Miami, FL 33130

3. Date of filing/registration in Florida: August 18, 2015
4. Document number: L15000141336

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Alcalay, Tomer L., 7800 Congress Ave, Suite 206 Boca Raton, FL 33487

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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company, 1201 Hays Street Tallahassee, FL 32301

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.

Signature of a member or authorized representative of a member: Scott Sherman
Printed or typed name of signee: Scott Sherman

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.

Signature of Registered Agent: Amanda Robinson, Asst. Vice President