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| Special Instructions to | Filing Officer:   |             |
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Office Use Only



200284049842

ALL SHARET PLEASE.

2016 APR -1 AM 8: 00

K. SALY EXAMINER

APR -4

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO.   | : I      | 200000001 | 95      |  |  |  |
|---|----------|-----------|---------|--|--|--|
| REFERENCE   | : 0      | 83409     | 5045683 |  |  |  |
| AUTHORIZATION   | : (      | Smell a   | enan    |  |  |  |
| COST LIMIT  | : \$     | 65 00     |         |  |  |  |
| ORDER DATE: March 30, 2016                                  |          |           |         |  |  |  |
| ORDER TIME : 3:29 PM  |          |           |         |  |  |  |
| ORDER NO. : 083409-030                                      |          |           |         |  |  |  |
| CUSTOMER NO: 5045683  |          |           |         |  |  |  |
|   |          |           |         |  |  |  |
| FOREIGN FILINGS   |          |           |         |  |  |  |
| NAME: SONY COMPUTER<br>AMERICA LLC                          | ENTE     | RTAINMENT |         |  |  |  |
| CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY     | <i>!</i> |           |         |  |  |  |
| XXXX AMENDMENT  |          |           |         |  |  |  |
| PLEASE RETURN THE FOLLOWING AS                              | PROO     | F OF FILI | NG:     |  |  |  |
| CERTIFIED COPY  PLAIN STAMPED COPY  CERTIFICATE OF GOOD STA | MDIN     | G         |         |  |  |  |

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA** 

## SECTION I (1-4 must be completed)

| BUSINESS IN FLORIDA   |     |
|---|-----|
| BUSINESS IN FLORIDA  SECTION I (1-4 must be completed)  1. Name of limited liability Company as it appears on the records of the Florida Department of State:  Sony Computer Entertainment America LLC  Enter new principal office address, if applicable:  | ( ) |
| 1. Name of limited liability Company as it appears on the records of the Florida Department of  | زسم |
| State: Sony Computer Entertainment America LLC  |     |
| Enter new principal office address, if applicable:  |     |
| (Principal office address MUST BE A STREET ADDRESS)   |     |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |     |
| 2. The Florida document number of this limited liability company is: M10000001843   |     |
| 3. Jurisdiction of its organization: Delaware   |     |
| 4. Date authorized to do business in Florida: 04/23/2010  |     |
| SECTION II (5-9 complete only the applicable changes)  5. New name of the limited liability company:  Sony Interactive Entertainment America LLC  (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")  |     |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")  6. If amending the registered agent and/or registered officer address on our records, enter the name of the new |     |
| registered agent and/or the new registered office address here:   |     |
| Name of New Registered Agent:   |     |
| New Registered Office Address:  Enter Florida Street Address  |     |
| , Florida   |     |
| City Zip Code   |     |
| New Registered Agent's Signature, if changing Registered Agent:   |     |
| 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   |     |

 $\frac{N}{I}$ 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.

| 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  Title/Capacity  Name  Address  Type of Action |   |   |                |  |
|--|---|---|----------------|--|
| Title/ Capacity  | <u>Name</u>                                   | Address                                   | Type of Action |  |
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| aforementioned ame   | e law of which this entity is orga-           | the official having custody of records in | the            |  |

Filing Fee: \$25.00

Typed or printed name of signee





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SONY COMPUTER ENTERTAINMENT AMERICA LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SONY INTERACTIVE ENTERTAINMENT AMERICA LLC" ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2016, AT 12:21 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202078463

Date: 04-01-16