M16000007175

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DIVISION OF COMMAND AND SEP

○ SIMMONS SEP 27 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 21, 2017

Order#: 821935-077

Re: TURTLE BEACH MARINA SMI, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

(/	17330 Preston Road, Suite 22 Principal office address of lin		(b)	Mailing address of limited liability company:
	(Note: MUST BE STR	REET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	Dallas	T> 75252		
	09/02/2016		M	16000007175
3.	Date of filing/registra	tion in Florida	4.	Document number
5. (a)	C T Corporation System			
, ,	Registered Agent and Registered Offi	ice shown on the records	of the Florida Dep	ot, of State:
	1200 South Pine Island Road	t		
	Registered Office Address (MUS)	T BE FLORIDA STREE	T ADDRESS)	T SEP 25 PH 4: 03
	Plantation	.,	FL_33324	T SEP 25 PH II: 07
(b)	Corporation Service Compan	у		
ζ,	Enter name of NEW Registered Age	nt and/or NEW Register	red Office addres	
	1201 Hays Street			
	NEW Registered Office Address:			
			.··	
	Tallahassee	,	FL_32301	
the cha agent w was/we	nge or changes are made, the F vill be identical. Or, in the case	lorida street address of a Florida limited vote of the member	of the registered liability comp s of the limited the limited liabi	te of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company. ii. Authorized Person
Signat	ure of a member or authorized represe	ntative of a member		Printed or typed name of signee
I herel provision he obli no mere	ov accept the appointment as re ions of all statutes relative to the igations of my position as regis ily reflect a change in the regis. I'm writing of this change.	gistered agent and a e proper and comple tered agent as provi tered Office address,	ngree to act in the See performance ded for in Chaj I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

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