

199000000313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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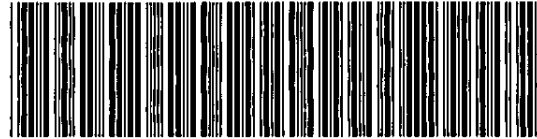
(Business Entity Name)

(Document Number)

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Account#: I20000000088

Date: 12/5/2017

Name: Merritt Knickle

Reference #: B095133

Entity Name: SHARP SHOOTER/SPECTRUM VENTURE, L.L.C.

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY

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Authorized Amount: \$55

Signature: MMK

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+1.212.947.7200

② EUROPEAN HQ
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2017

COGENCY GLOBAL

SUBJECT: SHARP SHOOTER/SPECTRUM VENTURE, L.L.C.
Ref. Number: M99000000313

We have received your document for SHARP SHOOTER/SPECTRUM VENTURE, L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name unavailable, please choose alternate name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 017A00024008

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HEREIN IS UNCLASSIFIED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sharp Shooter/Spectrum Venture, L.L.C.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia M. Hendzel, Paralegal

Name of Person

Barnes & Thornburg LLP

Firm/Company

One N. Wacker Drive, Suite 4400

Address

Chicago, IL 60606

City/State and Zip Code

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

For further information concerning this matter, please call:

Cynthia M. Hendzel

Name of Person

at (312) 214-4863
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 ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Sharp Shooter/Spectrum Venture, L.L.C.

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: M99000000313

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/04/1999

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Magic Memories (USA) 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Richard M. Roy</u>	<u>11901 W. 48th Ave., Wheat Ridge, CO 80033</u>	☐ Add
			☒ Remove
<u>Manager</u>	<u>Paul Laine</u>	<u>11901 W. 48th Ave., Wheat Ridge, CO 80033</u>	☐ Add
			☒ Remove
<u>Manager</u>	<u>John Wikstrom</u>	<u>175 West 87th St., Apt 32c, New York, NY 10024</u>	☒ Add
			☐ Remove
<u>Manager</u>	<u>Craig Elliott</u>	<u>16199 Kennedy Road, Los Gatos, CA 95033</u>	☒ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

John Wikstrom, Manager

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGIC MEMORIES (USA) LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGIC MEMORIES (USA) LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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2742162 8300

SR# 20177091276

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203572964

Date: 11-15-17