

05000004899

Bigfather Studios LLC  
(Requestor's Name)

(Address)

1514 Springside Dr.  
(Address)

Weston, FL 33326  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

05 AUG 15 PM 12:25

FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: BIGFATKNOT STUDIO, LLC
2. The mailing address of the limited liability company is : 1514 SPRINGSIDE DRIVE  
WESTON, FL 33326

1/18/05

L05000004899

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LEGAL ZOOM NEVADA, INC.

Name

44 W. FLAGLER ST. SUITE 675

Address

MIAMI FL 33130

City, State and Zip

6. The name and address of the new registered agent and/or office:

STEPHAN F. MALOMAN

Name

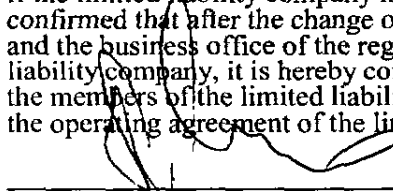
1514 SPRINGSIDE DRIVE

Florida street address (P.O. Box NOT acceptable)

WESTON, FL 33326 FL

City, State and Zip

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. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

STEPHAN MALOMAN

(Printed or typed name of signee)

*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 608, 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.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILED**  
05 AUG 15 PM 12:25  
STATE DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA