M17 00000 1089

| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City | //State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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JUN 11 2015 J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

| | SJECT: BIGFOOT VENTURES, LLC Name of Limited Liability Company | | | | |
|--|---|--|--|--|--|
| Dear Sir or Madam: | | | | | |
| The control Decision of According to | Names and fac(a) are submitted for filing | | | | |
| The enclosed Registered Agent/Registered Office C | mange and ree(s) are submitted for ming. | | | | |
| Please return all correspondence concerning this ma | atter to the following: | | | | |
| MICHAEL GLEISSNER | | | | | |
| Name of Person | | | | | |
| BIGFOOT VENTURES, LLC | | | | | |
| Firm/Company | | | | | |
| 246 WEST BROADWAY | | | | | |
| Address | | | | | |
| NEW YORK, NY 10013 | | | | | |
| City/State and Zip Code | | | | | |
| mg@michaelgleissner.com E-mail address: (to be used for future annual r | report notification) | | | | |
| For further information concerning this matter, plea | ase call: | | | | |
| MICHAEL GLEISSNER a | t (<u>212</u>) <u>796.4300</u> | | | | |
| Name of Person | 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 am | ount; | | | | |
| ☑ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | | | |
| INHS18 (2/14) | | | | | |

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. 1 | Name of the limited liability company:E | BIGFOOT VE | NTURES, LLC | |
|--|---|---|---|--|
| 2. <i>(</i> a |) | (b) | | |
| (- | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 246 WEST BROADWAY | | 246 WEST BROADWAY | |
| | NEW YORK, NY 10013 | | NEW YORK, NY 10013 | |
| | FEBRUARY 19, 2013 | | M13000001089 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (| Registered Agent and Registered Office shown on the records o | of the Florida Dept. | of State: | |
| | MICHAEL GLEISSNER Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | 1455 OCEAN DRIVE, UNIT 606 | | | |
| | MIAMI BEACH , F | ւ <u> 33139</u> | | |
| (l | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | od Office address | | |
| | Enter frame of NEW Registered Agent and/or NEW Registere | d Office address. | 15 SEC ALL | |
| | MICHAEL GLEISSNER | | ARE UN | |
| | NEW Registered Office Address: | | ASS I come | |
| | 1455 OCEAN DRIVE, SUITE 602 | 2 | | |
| | MIAMI BEACH , F | บ 33139 | UN -5 AN 8: 53 ETARY OF STATE HASSEE FLORIDA | |
| | | | | |
| the dager | e limited liability company is not organized under the lange or changes are made, the Florida street address on will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members articles of organization of the operating agreement of the | of the registered liability compa s of the limited | e of Florida, it is hereby confirmed that after d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in | |
| | X-1 (-1-1 | | MICHAEL GLEISSNER | |
| • | gnature of a member or authorized representative of a member | | Printed or typed name of signee | |
| prov the o to m notij | reby accept the appointment his registered agent and an island of all statutes relative to the proper and complete by the proper as provide a change in the negligible of fice address, and in writing of this change. | gree to act in the performance led for in Chap. I hereby confir | nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been | |
| Sign | atthe of Registered Algent | | | |
| Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 | | | | |
| | | THE PASSO | | |

INHS18 (2/14)