M13000006812

(Requestor's Name)							
(Address)							
(Address)							
(City	y/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bus	siness Entity Nar	ne)					
(Doe	cument Number)	<u></u>					
Certified Copies	Certificates	s of Status					
Special Instructions to Filing Officer:							

Óffice Use Only



000265714480

10/27/14--01028--012 **25.00

NOV 0 7 2014
T. CAR LER

SECRETARY OF STATE TALLAHASSEE, FLORID,

LLC RAPRO Change

COVER LETTER

TO:

TO:	Registration Section Division of Corporations			,			
CUDI	BIGFO	OT PRO	PI	ERTIE	S SPV	NO. 52 LLC	
SOBJ	CT:Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered	Office Cl	nan	ge and f	ee(s) ar	e submitted for filing.	
Please	return all correspondence concerning	g this mat	ter	to the f	ollowing	g:	
	MICHAEL GLEISSN	IER					
	Name of Person						
	BIGFOOT PROPERTIES SP	V NO. 5	52	LLC			
	Firm/Company						
	246 WEST BROADV	VAY					
	Address	•					
	NEW YORK, NY 100)13					
	City/State and Zip Coo	de			_		
	mg@michaelgleissner	.com					
	E-mail address: (to be used for future	annual re	ро	rt notifi	cation)		
For fu	orther information concerning this ma	tter, pleas	se c	all:			
	MICHAEL GLEISSNER	at	ſ	212)	666.9000	
	Name of Person	"	\ <u> </u>		Area (Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	:		Reg Div P.C	gistration vision of D. Box 6	ADDRESS: n Section Corporations 327 e, Florida 32314	
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee			□ \$5	5 Filing	Fee & Certified Copy	
INHS	18 (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.	Na	me of the limited liability company:BIGFOO	TPROPE	RTIES SPV NO. 52 LLC					
2. (a)	Principal office address of limited liability company:	(b) _	Mailing address of limited liability company:					
		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	<u> </u>	NEW YORK, NY 10013					
		OCTOBER 28, 2013		M13000006842					
3.		Date of filing/registration in Florida	4.	Document number					
5.	(a)								
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		ALAN E. KRINZMAN, P.A.							
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)						
		3250 MARY STREET		1 A					
		MIAMI , FL	33133	ECRET LLAH					
			,	FIL ETAR'S HASS					
((b)								
		Enter name of NEW Registered Agent and/or NEW Registered	Office addre						
		MICHAEL GLEISSNER		3: 51					
		NEW Registered Office Address:							
		1455 OCEAN DRIVE, UNIT 606	<u> </u>						
		MIAMI BEACH , FL	33139						
the age was	cha nt (imited liability-company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the of organization or the operating agreement of the	f the register ability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) Id liability company or as otherwise provided in					
		X X X X X		MICHAEL GLEISSNER					
Si	igna	ture of a member or authorized representative of a member		Printed or typed name of signee					
pro the to n noti	v i si opi nord ified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as fegistered agent as provide ely reflect a change in the registered office address, I d in writing of this change are of Registered Agent	ree to act in performand d for in Che hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been					
J		Division of Corporations • P.O.	Roy 6327#	Tallahassee Fl. 32314					
			EE: \$25.00						