

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004419

Entity Name: THRIVE MARKET, INC.**Current Principal Place of Business:**4509 GLENCOE AVENUE
MARINA DEL REY, CA 90292**Current Mailing Address:**4509 GLENCOE AVENUE
MARINA DEL REY, CA 90292 US**FEI Number:** 46-3408763**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name SETTLE, DANA
Address 1375 EAST 6TH STREET
SUITE 1
City-State-Zip: LOS ANGELES CA 90021

Title DIRECTOR
Name GREEN, NICHOLAS
Address 4509 GLENCOE AVENUE
City-State-Zip: MARINA DEL REY CA 90292

Title PRESIDENT
Name GREEN, NICHOLAS
Address 4509 GLENCOE AVENUE
City-State-Zip: MARINA DEL REY CA 90292

Title DIRECTOR
Name LOVELACE, GUNNAR
Address 621 GRANT STREET
City-State-Zip: SANTA MONICA CA 90405

Title DIRECTOR
Name FRECH, RYAN
Address 4509 GLENCOE AVENUE
City-State-Zip: MARINA DEL REY CA 90292

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS GREEN**PRESIDENT****04/06/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date