

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE BONOBOS, INC.

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C. GOLDEN

DEC 2 6 2017

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cl	hange is submitted for a cor	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of DE	_	
	-	office or registered agent, or both, in the State of Florida.		
1. The name of	f the corporation: BONOBO	s, INC.		
2. The principal office address: 45 W 25TH STREET FLOOR 5 NEW YORK, NY 10010				
3. The mailing	address (if different):		·	_
4. Date of inco	opporation/qualification; 01/	/20/2016 Document number: F16000000284	· · · ·	_
	nd street address of the curr artment of State: (If resigne	rent registered agent and registered office on file with the ed, enter resigned)		
	CORPORATION SERVICE	CE COMPANY ,		
	1201 HAYS STREET	/, \	2017	
	TALLAHASSEE, Fl. 3230	01-2525	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	-
6. The name at (if changed)		registered agent (if changed) and /or registered office	22 AE	1.
	C T Corporation System	<u> </u>	$\overline{\Box}$	
	c/o C T Corporation System	m, 1200 South Pine Island Road	 Φ	
	<u> </u>	P.O. Berk NOT receptable	-	
	Plantation, Florida 33324			
The street add as changed will	ress of its registered office Il be identical.	and the street address of the business office of its registered age	int,	
Such change wanthorized by	vas authorized by resolution the board, or the corporation	on duly adopted by its board of directors or by an officer so on has been notified in writing of the change:		
tlant	- 1/-	Hannah Kang - Asst. Sec.		
I hereby accept the following	tue of an effect of dispect it to comply with the provis if my dulies, and I am fami his document is being filed n that the corporation has	Finited of typed name and title steered agent and agree in act in this capacity, ions of all statutes relative to the proper and complete liar with and accept the abligation of my position as registered i merely to reflect a change in the registered office address, I been notified in writing of this change.		
By: CTCA	System	12/19/2017		
	grature of Registered Agent	Date	-	
If signing on b	ehalf of an entity:			
Katherine Lack	cy - Asst. Sec.			
	Typed or Printed Name			
	*	* FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2E045 (03/12)