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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations		
SUBJECT: Big League Management, I	LLC	
	me of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Nestor Gorfinkel		
Name of Person		
Registered Services, LLC		
Firm/Company		
2241 Hollywood Blvd.		
Address		
Hollywood, FL 33020		₹.a ~
City/State and Zip Code		2015 MAY 29 SECRETARY ALLAHASSE
fl.regservices@gmail.com		MAY 29 P RETARY OF S AHASSEE, FL
E-mail address: (to be used for future an	nual report notification)	SEE SEE
For further information concerning this matter	r, please call:	OF STATE
Nestor Gorfinkel	305 932-5757	: 09 RIDA
Name of Person	Area Code & Daytime Telepho	one 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 followin	g amount:	
☑ \$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.

	me of the limited liability company: Big League I	<u>-</u>							<u> </u>
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) _ _	Ŋ	Aailing addres (<u>Note: MA</u>	ss of li	mited liabi	lity com	pany:
2	06/22/2007		LC	700006					
3.	Date of filing/registration in Florida	4.			Document	numi	ber		
5. (a)	Registered Agent and Registered Office shown on the records of Nestor B. Gorfinkel Registered Office Address (MUST BE FLORIDA STREET) 20818 W DIXIE HWY			pt. of State	X				
	Miami	_L 3318	0		•		1		
	,1	L			-		ALL ALL	2015	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office s	ddre	ec.	•		AHA AHA	2015 HAY 29	1]
	Registered Services, LLC						ARY OF SI	29 P	
	NEW Registered Office Address:				•		다 의료	ίΞ	U
	2241 Hollywood Blvd.				-		ŠH	60	
	Hollywood , F	_L 3302	0						
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the regliability of the li	ie St gister comp mite	red office pany, it is d liabilit	e and the bu s hereby co y company	isines nfirm	ss office of that the	of the i	egistered
Signa	ture of a member or authorized representative of a member	-			Printed or ty	ped na	ame of sign	iee	·
I here provisi the obi to mer notified	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this change.	gree to a e perfor led for ir I hereby	ct in mand Cho conj	this cap ce of my apter 605 irm that	acity. I fur duties, and i, F.S. Or, the limited	ther d I am if this liabil	agree to d familiar docume lity comp	comply with a nt is be any ha	with the nd accept ging filed is been
Signatu	pre of Registered Agent Division of Corporations P.O.	Dor 47	77-	Tallaha	9900 FI 22	214			

FILING FEE: \$25.00