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COVER LETTER					
TO: Registration Section Division of Corporations					
Bitgeist Systems LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Henry Zarb					
Name of Person					
Bitgeist Systems LLC					
Firm/Company					
3270 Virginia Street					
Address					
Miami, FL 33133					
City/State and Zip Code					
henryzarb@gmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Henry Zarb 305 5056007					
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 amount:					
☑ \$25 Filing Fee					

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.

I. Na	me of the limited liability company: Bitgeist Syste	ems LLC		
2. (a)	3270 Virginia Street	(b) 3270 V	(h) 3270 Virginia Street	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Miami, FL 33133	Miami,	Miami, FL 33133	
	11/14/2016	 L160002	207772	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Legalinc Corporate Services, Inc.			
. (-)	Registered Agent and Registered Office shown on the records of 5237 Summerlin Commons	the Florida Dept. of Sta	ete:	
	Registered Office Address (MUST BE FLORIDA STREET) Suite 400	ADDRESS)	1 ALC	
	Fort Myers .FL	33907	FILI NOV 22	
(b)	Henry Zarb Enter name of NEW Registered Agent and/or NEW Registered 3270 Virginia Street NEW Registered Office Address:	Office address:	FILED V 22 PH 12: 50 LESSEL (LOPIDA	
	Miami, FL	33133	_	
the cha agent v was/wo	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative yote of the members of these of organization or the operating agreement of the	the registered office ability company, it of the limited liability	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Signa	ture of a member of authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I din writing of this change.	performance of my d for in Chapter 60	oduties, and I am familiar with and accept 25 F.S. Or if this document is being filed	
Signatu	re of Registered agent			