

CHANGE OF INFORMATION FORM

Michael I. Goldberg, Receiver
c/o BKCoin Management, LLC, et al.
201 E. Las Olas Blvd., Suite 1800
Ft. Lauderdale, Florida 33301
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INSTRUCTIONS: Please complete all sections of this form, sign and date it, and, along with a scan of your valid Driver's License or Passport, submit it to the Receiver's team by email as an attachment in portable document format (.pdf), to bkcoin@akerman.com.

CLAIMANT INFORMATION

Name: _____

If Claimant is an entity, name of contact person: _____

Contact person's title: _____

Previous Street Address: _____

Previous City / State / Zip Code / Country: _____

New Street Address: _____

New City / State / Zip Code / Country: _____

Telephone of Claimant: _____

Alternate Telephone of Claimant: _____

Email of Claimant: _____

CLAIMANT'S COUNSEL INFORMATION

Attorney Name: _____

Firm Name: _____

Street Address: _____

City / State / Zip Code / Country: _____

Telephone: _____

Email: _____

I, the undersigned, hereby certify, under penalty of perjury, that all of the information provided in this Change of Information Form is true and correct.

Signed, under penalty of perjury this _____ day of _____, 20____.

Signature: _____

Print Name: _____

Title, if any: _____