L10000070095

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/10/2020	
Name:		
Reference #:	1208268	
Entity Name:	BN	SPIRITS, LLC
Article	s of Incorporation/Authorizat	ion to Transact Business
Amend	dment	
✓ Chang	ge of Agent	
Reinst	atement	
☐ Conve	ersion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
Fictitio	ous Name	
Other_		
Authorized Ai	mount: \$25.00	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/10/2020	
	Chris Vick	
	ce #: 1208268	
Entity Na	ame:B	SPIRITS, LLC
	rticles of Incorporation/Authoriza	
☐ A	mendment	
V C	hange of Agent	
☐ R	einstatement	
□ C	onversion	
	lerger	
□ D	issolution/Withdrawal	
F	ictitious Name	
	ther	· · · · · · · · · · · · · · · · · · ·
Authoriz Signatur	ed Amount: \$25.00	

COVER LETTER

TO: Registration Section Division of Corporations	
BN Spirits, LLC SUBJECT:	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Sharon English	
Name of Person	······································
Foley & Lardner, LLP	
Firm/Company	
111 North Orange Avenue, Suite 1800	
Address	
Orlando, FL 32801-2386	
City/State and Zip Code	
bnbahadurl@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
BN Bahadur	248 722-4453 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following am	ount:
■ \$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.

. Na	ame of the limited liability company: BN Spirits, LLC			
. (a)	400 Galleria Officentre		(b) 400 Galler	ia Officentre
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 450		Suite 450	
	Southfield, MI 48034	_	Southfield,	MI 48034
	07/01/2010		L100000700	995
	Date of filing/registration in Florida	4.		Document number
. (a)	NACLERIO, STEVEN			
. (a)	Registered Agent and Registered Office shown on the records of	the Flo	orida Dept. of Stat	_ e:
	396 ALHAMBRA CIRCLE			_
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDR</u>	ESS)	
	NORTH TOWER, 14TH FLOOR			2828 TALL
	Maimi , FI	3313	4	APR 10 CRETARY LAHASSI
(b)	COGENCY GLOBAL INC.			171
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Offic	e address:	
	115 North Calhoun Street, Suite 4		_	8: 36 8: 36 STATE LORID
	NEW Registered Office Address:			
	Tallahaasa		32301	
	Tallahassee , F	L		_
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e regi labilit of the	stered office ar y company, it: limited liabili ted liability con	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Sign	nature of a member or authorized representative of a member			Printed or typed name of signee
provi the o to me	reby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	ed for here	ormance of my in Chapter 60 by confirm that	stitutes, and I am familiar with and accounts. So, F.S. Or, if this document is being fil the limited liability company has been
Signa	thure of Registered Agent	ے-ک	RUM	