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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
Certified Copies Certificates of Status						
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2017

MELODEE LEICHT 1200 NE 7TH AVE STE 2 FT LAUDERDALE, FL 33304

SUBJECT: ENTERPRISE BEVERAGE GROUP, LLC

Ref. Number: L12000022355

2017 FEB 10 PM 1

We have received your document for ENTERPRISE BEVERAGE GROUP, FEC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 517A00002054

COVER LETTER

TO:	Registration Section Division of Corporations						
SUВЛ	Enterprise Beverage Group, LLC						
501501		Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the	following:				
Melo	dee Leicht						
	Name of Person	 – ––					
Enter	prise Beverage Group						
	Firm/Company						
1200	NE 7th Ave, Suite 2						
	Address						
Fort L	_auderdale, FL 33304						
•	City/State and Zip Code						
melod	dee@enterprisebeverage.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Meloc	dee Leicht	480 at (707-3906)				
	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	Re Div P.C	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	□ \$5	5 Filing Fee & Certified Copy				
INHS18	3 (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.

1 No	Enterprise Be	Enterprise Beverage Group, LLC					
2. (a)	1200 NE 7th Ave	(b	1200 NE	7th Ave			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 2	(0	Ma	lling address of limited liability company: Note: MAY BE POST OFFICE BOX)			
	- Curio 2		Juile 2				
	Fort Lauderdale, FL 33304	_	Fort Laude	erdale, FL 33304			
	02/15/2012		L12000022	355			
3. 5. (a)	Date of filing/registration in Florida Incorp Services, Inc	4.	D	ocument number			
(b) <u>.</u>	Registered Agent and Registered Office shown on the records of to 17888 67th Court North	the Florida	Dept. of State:	17			
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS.		17 FEB 10			
	Loxahatchee , FL	33470					
	Melodee Leicht, Enterprise Beverage Group, Enter name of NEW Registered Agent and/or NEW Registered	· · · · · · · · · · · · · · · · · · ·					
	1200 NE 7th Ave	Office Bot	iress:				
	NEW Registered Office Address: Suite 2						
	Fort Lauderdale, FL	33304					
the cha agent was/we the arti- Signat	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of the organization or the operating agreement of the ure of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member on a of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have	the regis ability co f the limited limited li Mele	tered office ampany, it is he ted liability comparation of the liability comparation of the liability comparation of the liability capacity of this capacity.	and the business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in any. Office Local Complete intended or typed name of signee tv. I further agree to comply with the			
nouried	ly reflect a change in the registered office address, The his change. Light L	iereby co	njirm that the	umuea uabuity company has been			