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(Re	equestor's Name)						
(Ac	ldress)	<u>.</u>					
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(Ad	ldress)						
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	MAIT	MAIL					
(Bu	ısiness Entity Nan	ne)					
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscqlobal.com

Date: October 7, 2019

Order#: 924953-034

Re: BEVERAGE OLD PORT COVE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability computability the following statement in order to change its registered office or registered agent, or both, in the Stat Florida.

14785 PRESTON RD, SUITE 975

1. Name of the limited liability company: _BEVERAGE OLD PORT COVE, LLC

2. (a) 14785 PRESTON RD, SUITE 975

, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	iability c <u>OFFICE</u>	ompany: [<i>BOX</i>]	
	DALLAS, TX 75254	-	DALLAS	, TX 7 <u>5</u> 254		
	02/13/2018		M180000			
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	C T CORPORATION SYSTEM					
,	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	:;		
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2		2019 CCT	
	PLANTATION FI.	33334			. 29	
	TEXHT/XIION	33324	·			
(b)	Corporation Service Company					
(1/)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:	•	1: 34	र हरी
	1201 Hays Street					
	NEW Registered Office Address:			-		
	Tallahassee FL.	32301				
	, FL	32301		-		
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	he regi: bility co `the lim	stered office ompany, it is ited liability	e and the business offi is hereby confirmed that y company or as other	ce of th at the cl	e registere nange(s)
	Jill Cilmi, Auth		Cilmi, Autho			
I here provisi the obl to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agretions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	verform För in C	ance of my o Chapter 605	duties, ånd I am famili , F.SOr, if this docu	to comp iar with ment is	and acce _t being filec

Division of Corporations • P.O. Box 6327 • Tallahassee, FŁ 32314 FILING FEE: \$25.00

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President