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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 1980

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#: 924953-030

Re: BEVERAGE NEW 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.

XX 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 I LIMITED LIABILITY COMPANY

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

١.	Na	me of the limited liability company: BEVERAGE N	EW PORT	COVE. LLC
2.	(a)	14785 PRESTON RD, STE 975	(b)	14785 PRESTON RD, STE 975
	· · · / ·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability (Note: MAY BE POST OFFIC)
		DALLAS, TX 75254		DALLAS, TX 75254
		02/13/2018		M18000001547
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 Florida			Dept. of State:	
		1200 SOUTH PINE ISLAND ROAD		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		PLANTATION .FI	33324	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	2019 DCI	
		1201 Hays Street		
		NEW Registered Office Address:		
		Tallahassee FI	, 32301	•••
the age wa:	cha ent w s/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the regist iability con of the limit	ered office and the business office of the inpany, it is hereby confirmed that the charted liability company or as otherwise provided.
		up of a member or authorized representative of a member	Jill Ci	ilmi, Authorized Person Printed or typed name of signee
Lh pro the to i	ereh ovisio obli nere	by accept the appointment as registered agent and agents on a first of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change.	ree to act i e performa ed for in C hereby coi	in this capacity. I further agree to comply

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