M2500000 3049

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							
JUL ZZ ZUZS							





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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

WALKIN							
	PICK UP:	MARIA 7/21					
	CERTIFIED COPY						
XX	РНОТОСОРУ						
	CUS						
XX	FILING	CHANGE OF RA					
1.	MARIANNA BEVERAGES, LLC (CORPORATE NAME AND DOCUMENT #)						
2.							
	(CORPORATE NAME AND DOCUMENT #)						
3.	(CORPORATE NAME AND DOCUMEN	71. #)					
4.	(CORPORATE NAME AND DOCUMEN	T[`#)					
5.							
6.	(CORPORATE NAME AND DOCUMEN	~L`#)					
· · ·	(CORPORATE NAME AND DOCUMEN	T #)					
SPECIAL INSTRUCTIONS:							

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. N	ame of the limited liability company: MARIANNA BEV	ERA	GE	S, ELC		
2. (a) 1400 VILLAGE SQUARE BLVD., #3-13			(b) 1400 VILLAGE SQUARE BLVD., #3-13			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	TALLAHASSEE, FL 32312	_		TALLAHA	SSEE, FL 32312	
		_				
	02/28/2025			M250000030)49	
3.	Date of filing/registration in Florida	4.	-		Document number	
5. (a)	1201 HAYS STREETCORPORATION SERVICE COMPA	۱NY				
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
					2 F.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				Document number	
	TALLAHASSE , FL	32301	l			
(b)	Telos Legal Corp.					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office	ade	dress:		
	155 Office Plaza Dr					
	NEW Registered Office Address:		-			
	Tallahassee, FL	32301	l			
change agent v was/w the art	imited liability company is not organized under the laws or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable of the members of the liable of	egist oility the imite	tere co lim ed li	d office and mpany, it is ited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
•	sture of a member or authorized representative of a member				Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I hid d'in writing of this change.	e to o perfor for i greby	act rma n C	in this capa ince of my d hapter 605, infirm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Signatu	re of Registered Agent					