117000/45/54

(Requestor's Name)				
(/	Address)				
(Address)					
(1)	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filling Officer:					

Office Use Only



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COVER LETTER

Division of Corporations			
SUBJECT: Wynwood Brewing Company LL	.c		
	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fec(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
	· · · · · · · · · · · · · · · · · · ·		
Mary Rait			
Name of Person	· ·		
Craft Brew Alliance, Inc.			
Firm/Company			
929 N. Russell Street			
Address			
Portland, OR 97227			
City/State and Zip Code			
_regulatory@craftbrew.com			
E-mail address: (to be used for future annual r	eport notification)		
For further information concerning this matter, please	se call:		
Mary Rait	503 802-1568		
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tullahassee, Florida 32314		
Enclosed is a check for the following amount	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 us registered office or registered ogent, or both, in the State of Florida.

I. No	ame of the limited liability company: Wynwood B	rewing C	company,	LLC	
2. (a)		()-	Luls G.	Brign on i	
()	Principal office address of limited liability company:	,·		Mailing address of limited (Note: MAY BE POST	
	(Note: MUST BE STREET ADDRESS)				WI I KILIDON
	565 NW 24th Street		NN COC	/ 24th Street	
	Miami, FL 33127		Miami,	FL 33127	
	7/6/2017		L170001	45154	
3.	Date of filing/registration in Florida	٠ <u>.</u>		Document number	
c ()					
5. (a)	Registered Agent and Registered Office shown on the records	d'the Florida	Dept of Sta	 !c:	
	Cogency Global, Inc.		·	·	2
	Registered Office Address MUST HE FLORIDA STREE	_	4 E 35		
	115 N. Calhoun Street, Suite 4				产者 夏
•	Tallahassee	_32301		···	2019 NOV 25 AM 7: 56 SECRETARY OF STATE SECRETARY OF STATE
				_	Sec. 2
(b)	Enter name of NEW Repisteered Agent and/or NEW Register				新 为
•	Enter name of NEW Repistered Agent and/or NEW Register	ed Office ad	dr <u>ess</u> :		75 U
	NRAI Services, Inc.				一言。
	NEW Registered Office Address:			-	
	1200 South Pine Island Road			_	
	Diagratica	33324			
	Plantation	1_00024		-	
the cha agent v	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an aftirmative vote of the members ides of arganization or the operating agreement of the	of the regi liability co cof the lin	ster ed offic ompany, it nited liabili liability on	is hereby confirmed the type of type of the type of the type of the type of type o	ice of the registered int the change(s) rwise provided in
		<u>t</u>	e	Printed or typed name of	21/1
_	ture of a member of auditarized representative of a member			***************************************	
provisi the obi	by accept the appointment as registered agent and a jons of all statutes relative to the proper and complete the proper and completely effect a change in the registered agent as provided reflect a change in the registered office address, and the change.	ted for in (I hereby c	ance of my Chapter 60 onfirm that	t the limited hability co	to comply with the flar with and accept ument is being filed ompany has been
Simple	Tennifer Tasevoli Ass	ic. Se	cretur	7	