I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HALEY CHRISTIE

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L18000115050

Entity Name: DRIP! ART LOUNGE LLC

Current Principal Place of Business:

544 W. FAIRBANKS AVE C1 WINTER PARK, FL 32789

Current Mailing Address:

544 W. FAIRBANKS AVE C1 WINTER PARK, FL 32789

FEI Number: 83-0908286

Name and Address of Current Registered Agent:

CHRISTIE, HALEY K 3015 MIDDLESEX RD ORLANDO, FL 32803 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CHRISTIE, HALEY K	Name	CHRISTIE, STEPHANIE L
Address	3015 MIDDLESEX RD	Address	3015 MIDDLESEX RD
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803

OWNER

04/17/2019

Date

FILED Apr 17, 2019 Secretary of State 8285311361CC

Certificate of Status Desired: No

Date