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 MICHAEL BEARD	MANAGER	09/09/2022	

MANAGER

SIGNATURE: MICHAEL BEARD

Electronic Signature of Signing Authorized Person(s) Detail

A Ν City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33602

	Electronic Signature of Registered Agent			
Authorized Person(s) Detail :				
Fitle	MANAGER	Title	OWNER	
Name	BEARD, MICHAEL	Name	CHOW, CHRISTOPHER	
Address	2110 W PINE ST	Address	802 N 12TH ST	
City-State-Zip	TAMPA EL 33607		C	

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.

**Current Principal Place of Business:** 802 N 12TH ST С TAMPA, FL 33602

### **Current Mailing Address:**

PO BOX 13277 TAMPA, FL 33681

### FEI Number: 87-1672226

# Name and Address of Current Registered Agent:

Entity Name: CHANNELSIDE BREWING COMPANY LLC

BEARD, MICHAEL R 2110 W PINE ST TAMPA, FL 33607 US

SIGNATURE:

## 2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT DOCUMENT# L21000321518

# FILED Sep 09, 2022 Secretary of State 7559483552CC

Certificate of Status Desired: No

Date

Date