| Current Mai | iling Address: | | | |
|--|--|-----------------|-----------------------------------|------------|
| PO BOX 15 | 10 | | | |
| ABITA SPRI | NGS, LA 70420 | | | |
| FEI Number: 72-1408838 | | | Certificate of Status Desired: No | |
| Name and A | Address of Current Registered Agent: | | | |
| ASHLEY, TRO` 7403 NW 70TH PARKLAND, FL | AVE | | | |
| 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 | E: TROY ASHLEY | | | 01/20/2020 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized | Person(s) Detail : | | | |
| Title | CFO | Title | PRES | |
| Name | ASHLEY, TROY | Name | BLOSSMAN, DAVID | |
| Address | 300 LAURA DR. S | Address | 170 CRAPEMYRTLE DR | |
| City-State-Zip: | MANDEVILLE LA 70448 | City-State-Zip: | COVINGTON LA 70443 | |
| Title | MANAGER | | | |
| Name | MASTO, CHRIS | | | |
| Address | FFL 1 MARITIME PLAZA 2200 | | | |
| | | | | |
| City-State-Zip: | | | | |

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: TROY ASHLEY

EXECUTIVE VICE PRESIDENT / CFO 01/20/2020

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004142

Entity Name: ABITA BREWING CO., L.L.C.

Current Principal Place of Business:

21084 HWY 36 ABITA SPRINGS, LA 70420

FILED Jan 20, 2020

Secretary of State

3785911860CC

Date

Electronic Signature of Signing Authorized Person(s) Detail