162281

(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:

5/9

Office Use Only

600446781796

03/19/25--01022--017 **105.00

MAY 15

S. PRATHER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2025

MICHAEL D. TEMPKINS, ESQUIRE
FISHBACK DOMINICK
1947 LEE ROAD
WINTER PARK, FL 32789

SUBJECT: ABC LIQUORS, INC.
Ref. Number: 162281

We have received your document for ABC LIQUORS, INC. and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 025A00008958

RECEIVED
MAY 09 2025
By

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABC Liquors, Inc.
Name of Corporation

DOCUMENT NUMBER: 162281

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael D. Tempkins, Esquire and A. Kurt Ardaman, Esquire
Name of Contact Person

Fishback Dominick
Firm/Company

1947 Lee Road
Address

Winter Park, FL 32789
City/State and Zip Code

mtempkins@fishbacklaw.com; ardaman@fishbacklaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Tempkins, Esq. and A. Kurt Ardaman, Esq. at (407) 262-8400
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ABC Liquors, Inc.

2. The principal office address: 8989 South Orange Avenue, Orlando, FL 32824

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/14/1950 Document number: 162281

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporate Creations Network, Inc.

801 US Highway 1

North Palm Beach, FL 33408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Fishback Dominick

c/o Michael Tempkins, Esquire and A. Kurt Ardaman, Esquire

P.O. Box NOT acceptable

1947 Lee Road, Winter Park, FL 32789

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Charles E. Bailes, IV

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

3/14/20

Date

If signing on behalf of an entity:

Michael Tempkins and Kurt Ardaman

Typed or Printed Name

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)