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Page 1 of 1

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617~6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

(850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Addr	ess:
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REGISTERED AGENT CHANGE MILLER'S ALE HOUSE, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations	
Millor's Ale House, Inc. SUBJECT: Name of Corporation	
14bitté of Colhochtoit	
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fill	ing.
Please return all correspondence concerning this matter to the following:	
Valorie Ensinger	
Name of Contact Person	
Miller's Ale House, Inc.	
Firm/Company	
612 North Orange Avenue, Suite C	
Address	
Jupiter, Fl. 33458	
City/State and Zip Code	
vensinger@millersalchouse.com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Valerie Ensinger at (561) 354-25 Name of Confider Person Area Code & Daytime Telepho	516 one Number
nclosed 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

	sions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Suissibmitted for a corporation organized under the laws of the State of \overline{D}	
	range its registered office or registered agent, or both, in the State of Flo	
L. The name of the co	poration: Miller's Ale House, Inc.	
2. The principal office	address: 612 North Orange Avenue,, Suite C)EC
Jupiter, Florida 334:		8 6
3. The mailing address	(If different): Same	
A Date of incorporation	on/qualification: 9/22/2004 Document number: F04000005	
	address of the current registered agent and registered office on file with	
	of State: (If resigned, enter resigned)	. uic
Peters	on Mark, ASTVP	
612 N	orth Orange Avenue	
Jupite	7, Ft. 33458	
6. The name and street (if changed):	address of the new registered agent (if changed) and /or registered offic	8
стс	orporation System	
c/o C	T Corporation System, 1200 South Pine Island Road Plantation,	
	P.O. Box NOT acceptable	
Plorid	a 33324	
The street address of it	ts registered office and the street address of the business office of its rentical.	gistered agent,
Such change was authorized by the boar	orized by resolution duly adopted by its board of directors or by an off d, or the corporation has been notified in writing of the change.	icer so
_ Then to	Mark Peterson Transact of types harms and line:	ASTVP
Signature of an o	•	
I further agree to come performance of my due	oly with the provisions of all statutes relative to the proper and completes and I am familiar with and accept the obligation of my position as	ite registered
agent. Or, if this documents that the	pointment as registered agent and agree to act in this capacity, bly with the provisions of all statutes relative to the proper and comple- ies, and I am familiar with and accept the obligation of my position as ment is being filed merely to reflect a change in the registered office as a corporation has been notified in writing of this change.	daress, I
By: C T Corpora	tion System	
Signature of	Registored Madonna Resolution	
If signing on behalf of	Special Assistant Secretary	
Typed or Pr	· ·	
****	* * * FILING FEE: \$35.00 * * *	
BAAN TO	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	

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FERGS - 05/10/2012 Wollow Kinwar Sulling

CR2B045 (05/12)