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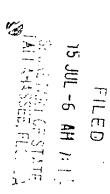
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Advanced Beverage Services, Inc.

Name of Corporation

DOCUMENT NUMBER

F14000002195

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:

John Sturniolo

Name of Contact Person

Advanced Beverage Services, Inc.

Firm/Company

458 Piney Croft Lane

Address

Maitland, FL 32751

City/State and Zip Code

jpsbevguy@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Sturniolo

,407 \628-374*4*

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida tered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Advanced Bever	age Services, Inc.	
	office address: 458 Piney Croft L		
	FL 32751		
3. The mailing a	ddress (if different): P.O.Box 9475	597	
***************************************	poration/qualification: 08/29/1997	Document number: F14000002195	
	street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	John P. Sturniolo, Jr.		
	959 Explorer Cove Suite #119		
	Altamonte Springs, FL 327		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	John P. Sturniolo, Jr.		
	458 Piney Croft Lane	> · · · ·	
	Maitland, FL 32751	T acceptable	
The street addre	ss of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	
Signatu	e of an officer of disposor	John P. Sturniolo, Jr. Printed or typed name and title	
I jurther agree to performance of agent. Or, if this	my duties, and I am familiar with and .	tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address. I	
John P	Atturned A	June 30, 2015	
If signing on bel	nalf of an entity:	Juli	
Ту	ped or Printed Name		

* * * FILING FEE: \$35.00 * * *