

F17000004521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

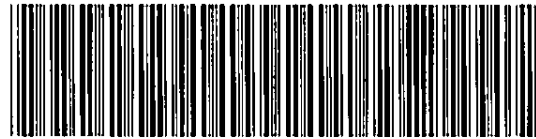
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVED  
AND  
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2023 OCT -4 PM 1:19

CLERK OF DISTRICT COURT  
JANUARY 11, 2023

RECEIVED

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CLERK OF DISTRICT COURT  
JANUARY 11, 2023

OCT - 5 2023  
K. Brumley

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
  
850.656.7953

**REQUEST DATE** 10/4/2023

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1183193

**ORDER ENTITY**

SPLASH BEVERAGE GROUP, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

SPLASH BEVERAGE GROUP, INC. ( FL )

File the attached amendment and provide a certified copy.

**NOTES:**

\$43.75 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "VJG" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and  
couner package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Splash Beverage Group, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F17000004521

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Nistico

\_\_\_\_\_  
Name of Contact Person

Splash Beverage Group, Inc.

\_\_\_\_\_  
Firm/Company

1314 East Las Olas Blvd, Suite 221

\_\_\_\_\_  
Address

Fort Lauderdale, Florida 33301

\_\_\_\_\_  
City/State and Zip Code

Robert@splashbeveragegroup.com

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

For further information concerning this matter, please call:

Magdalene Tong

\_\_\_\_\_  
Name of Contact Person

954

745-5815

at ( )

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F17000004521

(Document number of corporation (if known))

1. Splash Beverage Group, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Nevada

(Incorporated under laws of)

3. 10/06/2017

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 11/3/2021

5. Splash Beverage Group II, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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AND  
FILED

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Magdalene Tong	1314 E Las Olas Blvd, Ste 221, Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

*Rm Wm*

(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)

Ron Wall

CFO

(Typed or printed name of person signing)

(Title of person signing)

**FILING FEE \$35.00**

# SECRETARY OF STATE



## CERTIFICATE OF NAME CHANGE

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that, on 11/03/2021, a **Amendment After Issuance of Stock** changing the name **Splash Beverage Group II, Inc.** was filed by SPLASH BEVERAGE GROUP, INC.. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/04/2023.

A handwritten signature in cursive script that reads "FVAguilar".

FRANCISCO V. AGUILAR  
Secretary of State

Certificate Number: B202310044011625

You may verify this certificate  
online at <http://www.nvsos.gov>