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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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TO:

Registration Section

Division of Corporations General Braddock Brewing Company, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: John Lockwood Name of Person The Lockwood Law Firm Firm/Company 106 E. College Ave. Suite 810 Address Tallahassee, FL 32301 City/State and Zip Code john@lockwoodlawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Lockwood 850 727-5009 Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy **\$25** Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Nar	of the limited liability company: General Braddock Brewing Company, LLC					
2.		Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	iability company: !RESS)	6901 Okeechobee Blvc	j		
				West Palm Beach, FL 3			
			1400 Centrepark Blvd.				
			<u>BUX</u>)	West Palm Beach, FL 3	33401		
03/21/2000				L00000003158			
3.	Dat	e of filing/registration in Florida		1. Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:		John M. Lockwood	<u> </u>	2913	
		Registered Office Address:		200 W. College Ave.		18	ments of
				Suite 307 Tallahassee, FL 32301	(S) = 1		F + Q 1
					78	75) 255 255	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		NEW Registered Agent:		John M. Lockwood	Ģm	5 7	
		NEW Registered Office Address: (MUST BE FLORIDA STREET A	4 <i>DDRESS</i>)	106 E. College Ave.			<u></u>
				Suite 810 Tallahassee	,];]	_3230	/1
CO	nfirr	imited liability company is not organed that after the change or changes	are made, the Flo	orida street address of the i	register	red offi	ice

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of member

Parallel Rovey

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent