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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI					
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Of	fice Change and fo	ee(s) are submitted for filing.		
Please	return all correspondence concerning to	his matter to the fo	llowing:		
Scott	Bishins				
	Name of Person		-		
Gree	n Earth Beverage Systems				
	Firm/Company		-		
6453	W. Rogers Circle S-7				
	Address		-		
Воса	Raton, FL 33497				
	City/State and Zip Code		_		
sales	@greenearthbeverage.com				
ŀ	-mail address: (to be used for future an	nual report notific	ation)		
For fur	ther information concerning this matter	, please call:			
Bonni	e Robbins	561	206-6393		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314		
Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	\$55	Filing Fee & Certified Copy		

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: Green Earth	n Beverage S	Systems, LLC
2. (a)	6453 West Rogers Circle S-7	(b)	Same
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Boca Raton, FL 33487		
	2008	 L08	3000039808
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Scott Bishins		
(Registered Agent and Registered Office shown on the records	of the Florida Dep	ot. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	Boca Raton	_{FL} 33487	<u> </u>
(b)	Steven Bloom		TT SUL SA
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address	HASSE
	6453 West Rogers Circle S-7		AN IN US
	NEW Registered Office Address:		
	6453 West Rogers Circle S-7		<u></u>
	Boca Raton	_{FL} 33487	<u> </u>
signa I here provis the oh to mer	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of the appointment as registered agent and a light one of all statutes relative to the proper and completing of the positions of my position as registered agent as provided verifical a change in the registered office address, d in writing of this change.	of the registered liability compass of the limited liability liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. FYEN BLOOM Printed or typed name of signee this capacity. I further agree to comply with the poffiny duties, and I am lamiliar with and accept

Signature of Registered Agent