

**L10000037025**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
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 Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
ANGEL'S SHARE BRANDS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2016 APR 22 P 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANGEL'S SHARE BRANDS LLC

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:

Timothy VanDusen

Name of Person

Bacardi USA, Inc.

Firm/Company

2701 Le Jeune Rd.

Address

Coral Gables, FL 33134

City/State and Zip Code

tvandusen@bacardi.com

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

For further information concerning this matter, please call:

Tim VanDusen

at ( 786 ) 264-8361

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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# 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. Name of the limited liability company: ANGEL'S SHARE BRANDS LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
119 W. HUBBARD STREET  
5TH FLOOR  
CHICAGO, IL 60654

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
119 W. HUBBARD STREET  
5TH FLOOR, Chicago, IL 60654  
L10000037025

3. Date of filing/registration in Florida 4. Document number  
04/06/2010

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CORPORATE CREATIONS NETWORK INC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
C T Corporation System  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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 a member

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 605, 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.

By: C T Corporation System  
Signature of Registered Agent

James M. Halpin  
Assistant Secretary

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**  
**FILING FEE: \$25.00**

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