L11000074520

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		}		





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07/38/12--01010--018 **25.00

J. SAULSBERRY **EXAMINER**

JUL 31 2012

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJECT: Bear Brewing Realty G Name of Limited Liability C				
		Name of Limited	Liability Company	
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Re	egistered Office C	hange and fee(s) are submitted for f	iling.
Please	e return all correspondence c	concerning this ma	tter to the following:	
	John Coot	ollo		
	John Cost Name of Person			
	Thomas M Cost	ello CPA	3	4 .s 2 8
	Firm/Company		·	
	•			
-	1300 N Federal Hy	wy Sta 201	L	(注 公
	Address	NY Ste 201		70 _
			,	3 🛣
	Dana Datan El	22420	ۼۣ	SECRETARY OF STATE
	Boca Raton, Fl			
	City/State and Zip	Code		-
	frontdesk@cpaco	stello.com		
Е	-mail address: (to be used for future a	annual report notification	n)	
For fu	orther information concerning	g this matter, plea	se call:	
•				
	Greg Wentworth	at (954) 599-6454	
	Name of Person		Area Code & Daytime Telephone Num	ber
	STREET/COURIER ADDI	RESS:	MAILING ADDRESS:	
			Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	е	Tallahassee, Florida 32314	
	Englosed is a check for f	ne following amo	111(8 −−	
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy	y

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.

Name of the limited liability company: Bear	Brewing Realty Group, LLC	
2. (a) Principal office address of limited liability company	: 1800 University Drive	
(Note: MUST BE STREET ADDRESS)	Coral Springs, FL 33071	
(b) Mailing address of limited liability company:	1800 University Drive	
(Note: MAY BE POST OFFICE BOX)	Coral Springs, FL 33071	
6/27/2011	L11000074520	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:	
Registered Agent:	NRAI	
Registered Office Address:	515 East Park Avenue Tallahassee, FL 32301 US	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Thomas M Costello CPA 1300 N Federal Hwy Ste 201 Boca Raton ,FL 33432	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Wentworth, Gregory D Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of the proceedings of the provisions of the limited liability company. Signature of Registered Agent	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
Division of Cornerations, P.O. Rox 63	327. Tallahassee, FL 32314	

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