## L12 0000 29416

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TACTICAL BEVERAGE SOLUTIONS 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:
Douglas A Howell Name of Person
TACTICAL BEVERAGE SOLUTIONS LLC Firm/Company
1422 ENSENADA DRIVE Address
City/State and Zip Code  Camhow 13 @ amai _ Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DOUGLAS A. HOWELL at (407) 455-2971  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations  P.O. Box 6327

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

INH\$18 (2/14)

2661 Executive Center Circle

Enclosed is a check for the following amount:

(KIB)

Tallahassee, Florida 32301

\$25 Filing Fee

## 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. Na	me of the limited liability company: TACTICA	AL BEVERAGE SOLUTIONS LLC
2 (a)		(b) <u></u>
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1422 ENSENADA DRIVE	1422 ENSENADA DRIVE
	BRLANDO FL 32825	ORLANDO FL 32825
	MARCH 02, 2016	L120000 29416
3.	Date of filing/registration in Florida	4. Document number
5. (a)	UNITED STATES CORPORATION: Registered Agent and Registered Office shown on the records	S of the Florida Dept. of State:
	Registered Office Address	ET ADDRESS)
	13302 WINDING DAK CO	URT SUITE A
	TAMPA,	,FL <u>33612</u> ≧ <sub>50</sub> ≥
(b)	DOUG LAS A. HOWELL Enter name of NEW Registered Agent and/or NEW Registered	
	NEW Registered Office Address:	<u> </u>
	1422 ENSENADA DRIVE	=====================================
	ORLANDO .	FL 32825
the char agent w was/we	nge or changes are made, the Florida street address rill be identical. Or, in the case of a Florida limited	• • •
Signati	ure of a member or authorized representative of a member	DOUGLAS A, HOWELL Printed or typed name of signee
l hereb provision the obli to mere notified	th writing of this change.	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and accept ided for in Chapter 605, F.S. Or, if this document is being filed is, I hereby confirm that the limited liability company has been
Signatur	e of Registered Agent	07/01/2016