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APR 28 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Cavalier Spirits L	LC			
Name of L	imited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to the following:			
Ann Marie Allen				
Name of Person				
Cavalier Distributing Co				
Firm/Company	·			
4650 Lake Forest Dr #58	30			
Address				
Blue Ash, OH 45242				
City/State and Zip Code				
ann.cavalier.oh@gmail.c				
E-mail address: (to be used for future annual report no	otification)			
For further information concerning this matter	r, please call:			
Ann Marie Allen	_{at (} 513) 315-4413			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
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, 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:	Cavalier Spirits LLC	ć	2500-
	Principal office address of limited li (Note: MUST BE STREET ADD	ability company:	4930 Lakeland Commer Lakeland, FL 33805	to Parklyay, #45, process
(b)	Mailing address of limited liability (Note: MAY BE POST OFFICE		4650 Lake Forest Dr #5 Blue Ash, OH 45242	80
8/2/8/12			L12000111085	
3. Da	te of filing/registration in Florida		4. Document num	ber
5. (a)	Registered Agent and Registered O	ffice shown on tl	he records of the F	lorida Dept. of State:
	Registered Agent:		Kelly Taylor	
	Registered Office Address:		1100 Oakbridge Parkwa Lakeland, FL 33803	ay#155
(b)	Enter name of <u>NEW Registered As</u> <u>NEW</u> Registered Agent:	gent and/or NEV	N Registered Offi	ce address:
	NEW Registered Office Address: (MUST BE FLORIDA STREET A	(DDRESS)	3503 W Azeele Street	.FL33609
confir and the liability the method of the open signature. Signature of the complete of the co	limited liability company is not organ med that after the change or changes e business office of the registered agrey company, it is hereby confirmed thembers of the limited liability comparerating agreement of the limited of a register of a member or authorized representative of a register of typed name of signee when the provisions of all statutes ream familiar with and accept the object of the confirmity of the provisions of the company of the confirmity of the provisions of the confirmity of	are made, the Floent will be identiat the change(s) by or as otherwis lity company. The member area agent and age to the property of the prop	aws of the State of orida street address cal. Or, in the cass was/were authorize provided in the agree to act in this caper and complete a change of the complete of the compl	Florida, it is hereby sof the registered office e of a Florida limited ed by an affirmative vote of articles of organization or eapacity. I further agree to performance of my duties, agent as provided for in the registered office

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

Signature of Registered Agent