## L13000026641

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	ÇOVER LETTER		
the state of the s	ÇOVERŞETTER		
TO: Registration Section Division of Corporations			
Panache Distillery LLC SUBJECT:			
	ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning thi	is matter to the following:		
Michael Romer			
Name of Person			
Panache Beverage Inc.			
Firm/Company			
150 5th Avenue, 3rd Floor			
Address			
New York, NY 10011			
City/State and Zip Code			
mike@panachespirits.com			
E-mail address: (to be used for future ann	ual report notification)		
For further information concerning this matter,	please call:		
Michael Romer	212 6916292		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	Tananassee, Florida 32314		
Enclosed is a check for the following	amount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

## 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	ame of the limited liability company:	tillery	/ LL	.C				
2. (a)	Panache Distilery		(b	Panache	e Distillery			
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(-	, <del></del>	Mailing address of lim (Note: MAY BE Po		-	
	11807 Little Road			11807 Li	ittle Road			
	New Port Richey, FL 34654			New Por	t Richey, FL 34	4654		
	02/20/2013			L1300002	26641			
3.	Date of filing/registration in Florida	 4.	•		Document number	er		
5. (a)								
( )	Registered Agent and Registered Office shown on the records of Jacob Call	the Flo	orida	Dept. of State	- ::			
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS	<u>,                                     </u>	-			
	11807 Little Road							<u>;;;</u> «•• .v.
	New Port Richey , FI	346	54		•		SEP	
							29	#15F
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	e ade	iress:	-			SK ST.
	Michael Romer						1:5	JIME
	NEW Registered Office Address:				-		_	र्रह
					-			
	, FL	_						
the cha agent v was/w the arti	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of f the r iabilit of the	the egis y co lim	State of Flootered office mpany, it is ited liability com	orida, it is hereby or e and the business s hereby confirme y company or as o	office of d that the therwise	the rechan	egistered ge(s)
-	iture of a member or authorized representative of a member							
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to e perfo ed for hereb	act ormi in C y co	in this cape ance of my e chapter 605 onfirm that i	acity. I further ag duties, and I am fo i, F.S. Or, if this a the limited liabilit	ree to co. amiliar w document ly compar	mply ith an is be iy has	with the ad accept ing filed s been
Signatu	ure of Pagistered Agent							