113000049142

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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D. BUTLER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Beer Family Enterprises 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: | | |
| Bettina K. Beer Name of Person | | |
| Beer Family Enterprises, LLC | | |
| 1835 Baywood Drive | | |
| Sarasota FL 34231 City/State and Zip Code | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Bettina K. Beer at (941) 539-0125 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 | | |

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

□ \$25 Filing Fee

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. liability company submits the following statement in ordagent, or both, in the State of Florida. | 508, Florida Statutes, the undersigned limited ler to change its registered office or registered | |
|---|--|--|
| 1. Name of the limited liability company: Beer | Family Enterprises, LLC | |
| 2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) | 1835 Baywood DRIVE Sarasota, FLORIDA 34931 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 1835 Baywood Dr. Sarasta, FL 34231 | |
| April 3, 2013 3. Date of filing/registration in Florida | H13000075094 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | |
| Registered Agent: | Business Flings Ingrante | |
| Registered Office Address: | Tallahassee = 27 | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | |
| NEW Registered Agent: | DETTINA RIDER | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Sarasota FL 34231 | |
| 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 | | |
| Bettina K. Beer 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 my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compand | TO THE SECOND SECOND | |
| Signature of Registered Agent | ئ ي _ن ي د | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00