

LB000136810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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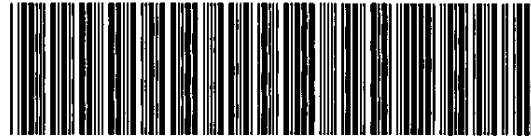
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: Hoptimistic Brews, LLC
Name of Corporation

DOCUMENT NUMBER: L13000136810

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Monica Himes
Name of Contact Person

Hoptimistic Brews, LLC
Firm/Company

4020 Festival Pointe Blvd.
Address

Mulberry, FL 33860
City/State and Zip Code

monica@craftbeercellar.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Himes at (863) 529-7099
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

