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M. MILLIGAN

AUG 02 2017

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Miami Beer Ventures 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:					
Max Antonio Burger					
Name of Person					
Miami Beer Ventures LLC					
Firm/Company					
55 NW 25th ST					
Address					
Miami, FL 33127					
City/State and Zip Code					
max-antonio@vezasur.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Max Antonio Burger 617 678 3482					
Name of Person Area Code & Daytime Telephone Numbe					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Division of Corporations					
Clifton Building 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					
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. N	ame of the limited liability company: Miami Be	eer Ventµ	res LLC	
2. (a)	55 NW 25th St. Miami El 22127		/ 25th St, Miami, FL 33127	
` ,	Principal office address of limited liability comparts (Note: MUST BE STREET ADDRESS)	ny:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
3.	11/06/2013 Date of filing/registration in Florida	4.	L130001	56416 Document number
5. (a)	CT CORPORATION SYSTEM Registered Agent and Registered Office shown on the reco	ords of the Flo	rida Dept. of Sta	 te:
	Registered Office Address (MUST BE FLORIDA STI 1200 SOUTH PINE ISLAND RD PLANTATION	REET ADDR		OIVISION OF CO
(b)	JAVIER GARCIA Enter name of NEW Registered Agent and/or NEW Registered Agent	istered Office	address:	2 PM 2: 47
	NEW Registered Office Address: 55 NW 25th ST			<u>-</u>
	MIAMI	, _{FL} 3312	27	
tne cna agent v was/we	imited liability company is not organized under tange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of	ess of the re ted liability bers of the l of the limite	gistered office company, it is imited liability diliability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in npany.
Signat	ture of a member or authorized representative of a member	_ <u>'</u>	Max Antonio	Printed or typed name of signee
I herel	by accept the appointment as registered agent an ons of all statutes relative to the proper and comigations of my position as registered agent as prely reflect a change in the registered office address in writing of this change.	ed agree to oplete perfoi ovided for i ovss, I hereby	nct in this cap mance of my n Chapter 605 confirm that	in-IG-sh
Signatur	Ganerace of Registered Agent	<u></u>		
7				
	Division of Corporations FILIS	P.O. Box 63 NG FEE: \$	327● Tallahas 25.00	ssee, FL 32314