## L14000112761

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

Office Use Only



200300661022

06/23/17--01010--018 \*\*25.00

SECRETARY OF STATE

FILED

D. BRUCE JUN 28 2017

## COVER LETTER

то:	Registration Section Division of Corporations	٠			
SUBJ	Beverage By Design, LLC				
	Nar	ne of Limite	d Liability Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.		
Please	return all correspondence concerning the	is matter to	the following:		
	•				
Micha	ael E. Tolley		•		
	Name of Person				•
Beve	rage By Design, LLC				
	Firm/Company				
5201	Bugg Road				
	Address				
Plant	City, Florida 33567				
	City/State and Zip Code		<del></del>	TALI SE	
miket	olley@me.com			ORE AH,	~
E	-mail address: (to be used for future ann	iual report n	otification)	IN 2 TAR ASSI	-
For fu	ther information concerning this matter	, please call:		2017 JUN 23. FO SECRETARY OF S NLLAHASSEE, FL	'n
Micha	ael Tolley	813 at (	956-1700	PATE SING	D
	Name of Person		Area Code & Daytime Telep	hone 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		
	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. N	ame of the limited liability company: Beverage By	/ Desi	ign,	LLC				
2. (a)	5201 Bugg Road		(b)	P.O. Bo	x 1784			
- (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	(0)	ľ	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Plant City, Florida 33567			Plant City, Florida 33595				
	July 17, 2014	<del></del>	L	.1400011	12761			
3.	Date of filing/registration in Florida	4.			Document	number		
5. (a)	Michael E. Tolley							
	Registered Agent and Registered Office shown on the records of 5201 Bugg Road	<del>.</del>						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2017 JUN 23 SECRETARY ALLAHASSE			Ť
	Plant City , FI	3356	67		<u>.</u>	TARY ASSEI	N 23	<u> </u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office ad</u> Shawn Harrison Associates, PLLC			<u>'ess</u> :	-	OF STATE	T 12: 3½	Ō
	NEW Registered Office Address:				-			
	1010 N. Florida Avenue		<del></del>	<del></del>	-			
	Tampa, FI	_3360	)2					
the cha agent was/w the art	imited liability company is not organized under the large or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the re iability of the limite	egist con limit ed lia	ered office npany, it is ed liability	e and the bus s hereby con y company o npany.	siness officifirmed that or as other	ce of that the c	ne registered hange(s)
Signa	dufe of a member of authorized representative of a member				Printed or typ	oed name of	signee	
provis 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 dim writing of this change.	ree to e perfo ed for i hereby	act i rmai in Ch y cor	n this capa nce of my a napter 605 nfirm that i	acity. I furti duties, and l , F.S. Or, ij the limited l	her agree i am famili this docu iability co	to com iar with ment is mpany	ply with the h and accept being filed has been
Signatu	ire of Registered Agent							