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S. WARREN OCT 1 3 2017

COVER LETTER

TO: Registration Section Division of Corporations		
The Brix Project, LLC		
	of Limited Li	ability 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 n	natter to the	following:
Bryan L. Scott		
Name of Person		_
The Brix Project, LLC		
Firm/Company		<u> </u>
5220 S. Washington Avenue		
Address		
Titusville, FL 32780		
City/State and Zip Code		_
bryan@playalindabrewingcompany.com		
E-mail address: (to be used for future annual	report notifi	cation)
For further information concerning this matter, ple	ease call:	
Bryan Scott	321	403-5424
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	
Enclosed is a check for the following an	iount:	
■ \$25 Filing Fee	□ \$ 5.	5 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: The Brix Proj	ect, L	LC.						
2. (a)	5220 S. Washington Avenue	(b) 5220 S.			Washingto	on Avenue	€		
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address (Note: MAY	of limited lial	_		-
	Titusville, FL 32780		-	Titusville	e, FL 3278	10			
	09/26/2014		L	140001	51149	 _			
3.	Date of filing/registration in Florida	4.	_		Document n	umber			
5. (a)	Bryan L. Scott								
J. (B)	Registered Agent and Registered Office shown on the records of	the Flor	rida D	ept. of Stat	ec:				
	3405 S. Washington Avenue								
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u> </u>	•	_				
	Titusville, FI	327	80		-	SECRETAR SALL MIASS	17 OCT 11	FI	A.
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	ess:	_	A A A A	Ŧ		
	5220 S. Washington Avenue					1803 1803 1815	81:18	•	
	NEW Registered Office Address:				_		w		
	Titusville, FL	327	80		_				
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the re ability of the l limite	giste con limit d lia	ered offic ipany, it i ed liabilit	e and the bus is hereby con ty company o npany.	iness office firmed that	of the	e regist tange(s	tered :)
Signal	ture of a member or authorized representative of a member	_	, <u> </u>		Printed or typ	ed name of sig	<u></u>		
provisi the obl to mero notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	, nama	PPM /T P	on of men	duties and l	Ame familia	P 1411 F.	and a	raant

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00