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SEURETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	BJECT: Brix Project Brewery, LLC							
Name of Limited Liability Company								
Dear S	ir or Madam:							
The er	iclosed Registered Agent/Registered Offi	ice Change and f	fee(s) are submitted for filing.					
Please	return all correspondence concerning thi	is matter to the f	ollowing:					
Brya	n L. Scott							
	Name of Person		_					
Brix F	Project Brewery, LLC							
	Firm/Company		_					
5220	S. Washington Avenue							
	Address		_					
Titus	ville, FL 32780							
	City/State and Zip Code		_					
bryar	n@playalindabrewingcompany.com	n						
F	-mail address: (to be used for future ann	ual report notific	cation)					
For fu	rther information concerning this matter,	please call:						
Bryar	Scott	321 at (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	Reg Div P.O	istration Section ision of Corporations . Box 6327 ahassee, 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: Brix Project E	Brewery	, LLC			
2. (a)	5220 S. Washington Avenue		5220 S.	Washington Avenue		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Titusville, FL 32780		Titusville	, FL 32780		
	01/16/2015		L1500000	9896		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Bryan L. Scott					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	3405 S. Washington Avenue			Ω. A		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			TILED TARY OF S WASSEEL FI		
	Titusville , FI	3278	0	AN IT		
(b)				D STATE FLORIDA		
	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:			
	5220 S. Washington Avenue					
	NEW Registered Office Address:					
	Titusville	32780	<u> </u>			
the cha agent was/w	limited liability company is not organized under the large 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 igles of organization or the operating agreement of the	ws of the f the regi- ability co	State of Florestered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
_/l	1 Alasto	Bry	an L. Scott	t		
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obi to mer	by accept the appointment as registered agent and agi ions 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 d in writing of this change.	ree to act perform d for in C hereby c	t in this capa ance of my d Chapter 605, onfirm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
Signation	ne of Registered Agent					
المانيون.						