## 15000009915

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



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## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: Brix Project Distillery, LLC								
Name	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	s matter to th	e following:						
Bryan L. Scott								
Name of Person		<del></del>						
Brix Project Distillery, LLC								
Firm/Company		<del></del>						
5220 S. Washington Avenue								
Address								
Titusville, FL 32780								
City/State and Zip Code								
bryan@playalindabrewingcompany.com	1							
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Bryan Scott	321 at (	403-5424						
Name of Person	·	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations P.O. Box 6327							
Clifton Building	· · · · · · · · · · · · · · · · · · ·							
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301								
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. Na	ame of the limited liability company:			
2. (a)	5220 S. Washington Avenue	ſb	5220 S.	Washington Avenue
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Titusville, FL 32780		Titusville	e, FL 32780
	01/16/2015		L1500000	09915
3.	Date of filing/registration in Florida  Bryan L. Scott	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of 3405 S. Washington Avenue	the Florida	Dept. of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			TALLAN
	Titusville, FL	32780		ELECT I
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  5220 S. Washington Avenue  NEW Registered Office Address:			PH 12: 33 FLORIDA
	Titusville , FL	32780		-
the cha agent v was/wo	imited liability company is not organized under the law ange 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 icles of organization or the operating agreement of the	f the regis ability co of the lim limited l	stered office ompany, it is ited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl 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 din writing of this change.	ree to act performed d for in ( hereby co	in this cape ance of my c Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered-Agent			