

L15000021076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

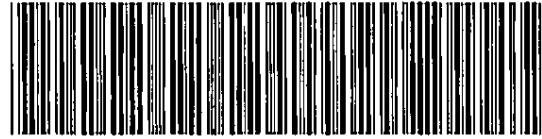
(Business Entity Name)

(Document Number)

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SEP 27 PM 12:53

SEP 28 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MORE ON TAP, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Lenoff

\_\_\_\_\_  
Name of Person

Lenoff and Lenoff, P.A.

\_\_\_\_\_  
Firm/Company

4800 N. Federal Hwy Ste 301E

\_\_\_\_\_  
Address

Boca Raton, FL 33431

\_\_\_\_\_  
City/State and Zip Code

Steven@Lenoff.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Lenoff

561

409-8800

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2017

STEVEN LENOFF  
LENOFF AND LENOFF, PA  
4800 N FEDERAL HWY STE 301E  
BOCA RATON, FL 33431

SUBJECT: MORE ON TAP, LLC  
Ref. Number: L15000021076

We have received your document for MORE ON TAP, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 317A00018301

2017 SEP 27 AM 11:07

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2017 SEP 27 PM 12:53

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. Name of the limited liability company: MORE ON TAP, LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

3. 02/03/2015 Date of filing/registration in Florida  
4. L15000021076 Document number

5. (a) Steven Lenoff  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1761 West Hillsboro Boulevard Suite 405  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Deerfield Beach, FL 33442

(b) Steven Lenoff  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4800 North Federal Highway Building E Suite 301

NEW Registered Office Address:

Boca Raton, FL 33431

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Steven Lenoff, as authorized representative

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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