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S. PRATHER

COVER LETTER

	ration Section on of Corporation	S							
SUBJECT: _		 -	Mile Name of	Sp. C.	t S bility Co	LLC			
Dear Sir or Ma	dam:								
The enclosed R	Registered Agent/	Registere	ed Office C	hange and f	ce(s) are	e submitted for filing.			
Please return a	ll correspondence	concern	ing this ma	tter to the fo	ollowing	<u>;</u> :			
	Porss Name o	√. f Person	koma	y av	_				
	7 Mile Firm/Co	Sh Ompany	irits_	LLC	-				
13401 Collins ave 10#219 Address									
Sunny	Sles D City/State a	مؤسل nd Zip C	N FL	3316	o -				
E-mail address: (to be used for future annual report notification)									
For further info	ormation concern	ing this r	natter, pleas	se call:					
ho	Name of Person	om a r	₩ at	<u>(705</u>		ode & Daytime Telephone Number			
Registi Divisio Clifton 2661 E	ET/COURIER A ration Section on of Corporation Building Executive Center C assee, Florida 323	s Circle	SS:	Regi Divi P.O.	istration sion of 0 Box 63	ADDRESS: Section Corporations 27 Florida 32314			
Enclosed is a check for the following amount:									
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Filing Fee			□ \$55	Filing l	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.

I. Na	me of the limited liability company: 7. 1	Mile	Spirits	LLC	•	
	Principal office address of limited liability company:		18401	Collin		npany;
	(Note: MUST BE STREET ADDRESS)		(<u>Note</u>	: MAY BE PO	ST OFFICE B	<u>ox</u>)
	100-219			D - 219		
	Sunny Isles Beach FL	_	Sunny	1 sleg	Beach	FL 3311
	212513015				03512	9
3.	Date of filing/registration in Florida	4.		ment numbe	r	
5. (a)	Thoris Niko	mar	ω <u>ν</u>			
, , ,	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State:			
	3763 NE 163" St #508					
	Registered Office Address	1DDRESS	1	**	-	
					••-	
	Sunny Isles Beach FL	3	3(60		IUL 20	en gr Grand Johnson
(b)	Boris Nikamaran				3 AM	274 277 1 - 107 2 - 107
(/	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:		ب ⊶س	
			0		0	
	18401 Collins ave 1	<u> </u>	<u> 219</u>			
	NEW Registered Office Address:					
	Sunny Isles Beach FL	<u>~</u>	3160			
If the li	nited liability company is not organized under the law	ve of the	State of Florida	it is hereby o	onfirmed the	at after
the cha	nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia	the regis	tered office and to mpany, it is here	the business by confirmed	office of the I that the cha	registered inge(s)
	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the				therwise prov	vided in
			Printe	$\mathcal{N}_{\mathcal{A}}$	comar	01/
Signat	ure of a member or authorized representative of a member		Printe	ed or typed nam	e of signee	
provisi the obli to mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I firm writing of this change.	ree to act perform d for in C hereby co	in this capacity. Ince of my duties Chapter 605, F.S. Infirm that the liv	I further ag , and I am fa Or, if this d nited liability	ree to comply miliar with document is h w company h	with the and accept eing filed as been
Signatu	re of Registered Agent					