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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LIST DISTILLERY LLC 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 matter to the following:
THOMAS LIST Name of Person
LIST DISTILLERY LIL Firm/Company
Firm/Company
9431 SUNSET HARBOR LANE 152
Address ω ω
FORT HYERS, FLORIDA, 33919 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1140449 UST at (239) 823 7111 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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. 1	Name of the limited liability company: LIST DISTILLERY 2LC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3680 EVAUS AVE. SUITE A Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FORT HYERS, FLORING, 3390) FORT HYERS, FLORING, 3390)
3.	3 26 2015 Date of filing/registration in Florida 4. Document number
5. (a	/
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	FORT MYBRS
	32919
(b	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	3680 EVANS AVE SUITE A
	NEW Registered Office Address:
	FORT MYERS ,FL 33901
	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
	hange or changes are made, the Florida street address of the registered office and the business office of the registered twill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/v	were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in rticles of organization or the operating agreement of the limited liability company.
	Julius MI THOMAS UST
Sign	nature of a member or authorized representative of a member Printed or typed name of signee
provi the o to me	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed erely reflect a change in the registered office address, I hereby confirm that the limited liability company has been it is a change.
Signa	ature of Registered Agent