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| (Requestor's Name) | | | | | |
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| PICK-UP | MAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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| Registration Section Division of Corporations | | | | |
|--|--|---|---|---|
| Fermentaholics, LLC | | | | |
| | Name of Limited I | Liability Company | | |
| ir or Madam: | | | | |
| closed Registered Agent/Registered | Office Change and | d fee(s) are submitted for filing. | | |
| return all correspondence concerning | g this matter to the | e following: | | |
| Edwards | | | | |
| Name of Person | | | | |
| ntaholics, LLC | | | | |
| Firm/Company | | | | |
| 31st Ave N Ste 27 | | | | |
| Address | | | | |
| vater, Florida 33762 | | | | |
| City/State and Zip Co | -de | | | |
| fermentaholics.com | | | 20 J | 12 O |
| E-mail address: (to be used for future | annual report noti | fication) | ş- <u>i</u> | • |
| For further information concerning this matter, please call: | | | | |
| Edwards | 727 at (| 258-8359 | = | • |
| Name of Person | | Area Code & Daytime Telephone Number | ~0 | ني) |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| | Permentaholics, LLC ECT: ir or Madam: closed Registered Agent/Registered return all correspondence concerning Edwards Name of Person ataholics, LLC Firm/Company 31st Ave N Ste 27 Address ater, Florida 33762 City/State and Zip Company City/State and Zip Company City/State and Zip Company Company | Division of Corporations Fermentaholics, LLC Name of Limited I ir or Madam: closed Registered Agent/Registered Office Change and return all correspondence concerning this matter to the Edwards Name of Person ntaholics, LLC Firm/Company 31st Ave N Ste 27 Address rater, Florida 33762 City/State and Zip Code 2 Fermentaholics.com E-mail address: (to be used for future annual report notice ther information concerning this matter, please call: Edwards Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 | Division of Corporations ECT: Fermentaholics, LLC Name of Limited Liability Company ir or Madam: closed Registered Agent/Registered Office Change and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Edwards Name of Person ntaholies, LLC Firm/Company 31st Ave N Ste 27 Address Address Address Address: Address: (to be used for future annual report notification) rether information concerning this matter, please call: Edwards Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Proceedings and fee(s) are submitted for filling. Resistration Served. Area Code & Daytime Telephone Number The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | Division of Corporations ECT: Fermentaholics, LLC |

☐ \$55 Filing Fee & Certified Copy

■ \$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. Na | ame of the limited liability company: Fermentaholics, L | .LC | | |
|------------------------------|--|--------------------------------------|---|--|
| 2. (a) | 11863 34th St. N | (b) 11863 34th | | St. N |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | ` / | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | St Petersburg, FL 33716 | | St Petersbur | rg, FL 33716 |
| | 07/11/2016 | | L1600013020 | 01 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | UNITED STATES CORPORATION AGENTS, INC. | | | |
| () | Registered Agent and Registered Office shown on the records of 5575 S. SEMORAN BLVD | the Flo | rida Dept. of State | : |
| | Registered Office Address (MUST BE FLORIDA STREET) SUITE 36 | 4DDR | ESS) | |
| | ORLANDO , FL | 3282 | 2 | 2 H |
| (b) | Ruthie Edwards Enter name of NEW Registered Agent and/or NEW Registered | Office | address: | 20 JUL 16 |
| | 4505 131st Ave North | | | |
| | NEW Registered Office Address: | | | |
| | Ste 27 | | | ~ ⁻ -,‴ |
| | Clearwater FL | 3376: | 2 | |
| change agent v was/w | imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of acles of organization or the operating agreement of the | regis ability of the limite | tered office and company, it is limited liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| 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 agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change. | ee to perfo I for i iereby | act in this capa rmance of my d n Chapter 605, confirm that th | 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 |
| Signatu | re of Registered Agent | | | |