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(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone #)				
	☐ WAIT ☐ MAIL				
☐ FICK-OF	T AAVII				
(Bı	usiness Entity Name)				
(Do	ocument Number)				
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				
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2021 SEP 29 AM 9: 27
NEARY OF STATE
NALLAHASSEE, FL

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 027613 8354552

AUTHORIZATION : Appellation

COST LIMIT : \$ 25.00

ORDER DATE : September 23, 2021

ORDER TIME : 9:29 AM

ORDER NO. : 027613-348

CUSTOMER NO: 8354552

CHANGE OF AGENT

NAME: MCR POMPANO BEACH BEVERAGE

MANAGEMENT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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.

l. Na	ame of the limited liability company:	MCR POMPANO	R POMPANO BEACH BEVERAGE MANAGEMENT LLC				
2. (a)	1503 LBJ Freeway, Suite 300		(b)			
2. (a)	Principal office address of limited liab (Note: MUST BE STREET AL		_ \-	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Dallas, TX 75234		_				
	02/10/2017			L1700003	3399		
3.	Date of filing/registration in	Florida	4.		Document number		
5. (a)	Cogency Global Inc.				_		
J. (u)	Registered Agent and Registered Office show	le:					
	115 N. Calhoun Street, Suite 4				20		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2021 SEE		
	Tallahassee	, FL_	32301		29 AH		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				29 AM 9: 27 FARY OF STATE		
	Corporation Service Company				•		
	NEW Registered Office Address:		_		_		
	1201 Hays Street				-		
	Tallahassee	, FL_	32301		_		
change agent v was/we	or changes are made, the Florida stree	et address of the r lorida limited liat of the members of	registere bility con the lim	d office an mpany, it i ited liabilit	y company or as otherwise provided in		
	ill Cilmi		Jill C	Cilml, Autho	prized Person		
	ture of a member or authorized representative of				Printed or typed name of signee		
I herei provisi the obl to mere notified	by accept the appointment as registere ons of all statutes relative to the prope igations of my position as registered a ely reflect a change in the registered of in writing of this change.	d agent and agre or and complete p gent as provided ffice address, I he Cot	e to act performa for in C ereby co rporatio	in this cap ince of my hapter 602 nfirm that n Service	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been Company		
Signatu	re of Registered Agent		-		t. Vice President		