U17 000 206764

(Requestor's Name)					
(Address)					
(Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	me)			
, , ,					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
		:			

Office Use Only



300304239553

10/12/17--01020--018 **25.00

OCT 1 227

Y

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of section's 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: FLORIDA LIQU	JOR I	LICENSES	LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1964 HOWELL BRANCH RD SUITE 207	_ (t		ailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) WELL BRANCH RD SUITE 207
	WINTER PARK, FL 32792	-		PARK, FL 32792
	0CTOBER 05, 2017		L1700020	6764
3. 5. (a)	Date of filing/registration in Florida ROBERT A LASEK	4.	1	Document number
J. (a)	Registered Agent and Registered Office shown on the records of the	ie Florid	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A) 1964 HOWELL BRANCH RD SUITE 207	DDRES:	<u>S)</u>	
	WINTER PARK ,FL	32792		
(b)	FLORIDA BUSINESS INVESTMENTS, INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Control of NEW Registered </u>	Office ac		13 OCT
	FLORIDA BUSINESS INVESTMENTS, INC			
	NEW Registered Office Address: 1964 HOWELL BRANCH RD SUITE 207			12 M 16 19
	WINTER PARK .FL	32792	:	
the cha agent y	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regi bility c f the lin imited	istered office company, it is nited liability liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	nure of a member or authorized representative of a member	- RC	DBERT A L	Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete plipations of my position as registered agent as provided elv reflect a change in the registered affice address, I had in writing of this change	e to ac perforn for in ereby c	t in this capa vance of my a Chapter 605, confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been