## L180000 22962

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to running Officer.
1

Office Use Only



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## COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	Sideward Brewing Company, LLC					
		Name of Limited Liability Company				
Dear Sir	or Madam:					
The enclo	osed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please rei	turn all correspondence concernin	g this matter to the	following:			
James Gai	rrett Ward		<u>:</u>			
	Name of Person		_			
Sideward	Brewing Company, LLC					
***************************************	Firm/Company		<del></del>			
210 N. Bu	ımby Ave. Ste. C					
	Address		<del></del>			
Orlando, l	FL 32803					
	City/State and Zip Co	de				
mandy@s	adewardbrewing.com					
E-n	nail address: (to be used for future	annual report notif	ication)			
For furth	er information concerning this ma	itter, please call:				
Mandy Pr	rotheroe	407 at (	866-2195			
	Name of Person	at (	Area Code & Daytime Telephone Number			
} I I	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
1	Enclosed is a check for the follow	wing amount:				
Ĩ	■ \$25 Filling Fee		555 Filing 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.

2. (a)			(b)		
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	210 N Bumby Ave. Ste. C		210 N B	umby Ave. Ste. C	
	Orlando, FL 32803	<del></del>	Orlando,	FL 32803	
	1/25/2018		L1800002	2962	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of St	ate:	
	Dana R. Ward				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			20: SE T	
	7917 South Park Place			ALL:	
	Orlando	L_32819		PIII	
		L		- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17	
(b)	Enter name of NEW Registered Agent and/or NEW Registere				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office :	iddress:	8: 35 8: 35	
	James Garrett Ward			35	
	NEW Registered Office Address:			<del></del>	
	210 N Bumby Ave. Ste. C				
			•		
	Orlando, F	L			
change agent w was/we	mited liability company is not organized under the later changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of the li e limited	red office a company, it mited liabil	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
-	ure of a member or authorized representative of a member	_		Printed or typed name of signce	
provision the obli to mere	oy accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	e perfori	nance of mi	duties, and Lam Jamiliar with and accept	

**FILING FEE: \$25.00**