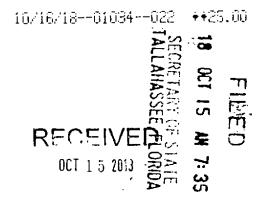
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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
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OCT 2 5 2018 S. YOUNG

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	IECT: Whisk	ey BUSINESS Grou of Limited Liability Company	ρ
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this	matter to the following:	
	Fronk A Hernondez Name of Person		
	Firm/Company		SECRET TALLAH
74	6150 57 tor Address		ARY OF SASSEE, F
<u>Mı</u>	Omi' Fl. 33143 City/State and Zip Code	<u> </u>	7: 35 LORIDA
<u>س ب</u>	E-mail address: (to be used for future annual	DE GNOTE COM all report notification)	
For fu	orther information concerning this matter, p	lease call:	
<u>_</u> F	Mame of Person	at (<u>954</u>) <u>906~0935</u> Area Code & Daytime Telepl	hone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following a	mount:	
	2 \$25 Filing Fee	□ \$55 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.

1. Na	ame of the limited liability company: _WhISKey_BUSINESS_GrouP_		
	7461 50 57 for Mioni El. 33143 (b) Principal office address of limited liability company: Mailing address of limited (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST	liability company	
3.	Date of filing/registration in Florida L18000334 Document number	76	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	7461 Scs 57 for Him! F1 38143 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Mian: FL 33143	OCT 15 CRETARD LAHASSE	FIE.
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	OF STA	Ö
	Fronk A Hemondez NEW Registered Office Address:	35 1E 20A	
	7461 Sis 57 toz		
	Miami FL 33143		
the cha agent w was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby con ange or changes are made, the Florida street address of the registered office and the business office will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed there authorized by an affirmative vote of the members of the limited liability company or as other icles of organization or the operating agreement of the limited liability company.	ice of the regis lat the change() rwise provided	stered s)
Signat	aure of a member or authorized representative of a member Printed or typed name of	Signee	·
I herel provision the obli- to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree tons of all statutes relative to the proper and complete performance of my duties, and I am familifications of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docuely reflect a change in the registered office address, I hereby confirm that the limited liability cold in writing of this change.	to comply with	h the ccept filed en

Signature of Registered Agent