## L18000225457

(Requ	uestor's Name)	
(Addr	ress)	
(Āddi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
/Poc	ument Number)	
(DOC	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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04/19/21--01015--018 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
THE BOURBON ENTHUSIAST, LLC SUBJECT:	
	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
JAMES C. ASHCRAFT III	
Name of Person	
THE BOURBON ENTHUSIAST, LLC	
Firm/Company	
5036 GRAND LAKES DR S	
Address	
JACKSONVILLE, FL 32258	
City/State and Zip Code	
thebourbonenthusiast@gmail.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	11:
JAMES C. ASHCRAFT III 904	838-0732
Name of Person	Area Code & Daytime Telephone Number
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
Enclosed is a check for the following amount:	
S25 Filing Fee	□ \$55 Filing Fee & Certified Copy

TO:

## 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.

()	5036 GRAND LAKES DR S	(b) 036 GR	AND LAKES DR S
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  JACKSONVILLE, FL 32258		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  ONVILLE, FL 32258
	09/21/2018	L1800022	25457
(a)	Date of filing/registration in Florida  JAMES ASHCRAFT	4.	Document number
(4)	Registered Agent and Registered Office shown on the records of 5036 GRAND LAKES DR S	the Florida Dept. of S	tate:
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	ADDRESS)	ETILE 2021 APR 19
	JACKSONVILLE , F	L <sup>32258</sup>	APR 19
(b)	JAMES C ASHCRAFT, III		MIII 13
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	
	5036 GRAND LAKES DR S		তিন <b>ও</b> 
	NEW Registered Office Address:		
	JACKSONVILLE . F	L 32258	
angent ent	limited liability company is not organized under the la e or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered office liability company, i of the limited liability c limited liability c	and the business office of the registered it is hereby confirmed that the change(s) lifty company or as otherwise provided in ompany.
Signature of a member or authorized representative of a member		Printed or typed name of signee	
here ovis e ob	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office andress, I by in writing of this change.	ree to act in this co performance of n ed for in Chapter 6 hereby confirm th	anacity I further garee to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00