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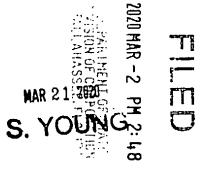
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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	Jax Craft Beer LLC					
SUBJEC	Na Na	Name of Limited Liability Company				
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.			
Please re	turn all correspondence concerning the	nis matter to the t	following:			
Joseph B	yrns					
	Name of Person					
	Firm/Company					
4550 Pal	metto Cove Lane					
	Address					
Jacksony	ille FL 32258					
	City/State and Zip Code					
=	@hotmail.com					
E-	mail address: (to be used for future ar	nual report notif	ication)			
For furtl	ner information concerning this matte	r, please call:				
Joseph B	lyrns	904 at (476-0990			
	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	ig amount:				
	S25 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.

ć N	4550 Palmetto Cove Lane	(b) 4550 Palmetto Cove Lane Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Jacksonville FL 32258		
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	Jacksonville Fl 32258			
	03/06/2019	L190000643	305	
	Date of filing/registration in Florida	4.	Document number	
(a)	UNITED STATES CORPORATION AGENTS, INC.			
(4)	Registered Agent and Registered Office shown on the records of	he Florida Dept. of Stat	e:	
	5575 S. SEMORAN BLVDSUITE 36			
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	_	
			20:	
	ORLANDO, FL	32822	2020 HAR -2 1. YALL AHASS	
(b)	Joseph Byrns		THE H	
	Enter name of NEW Registered Agent and/or NEW Registered			
	4550 Palmetto Cove Lane		PH 2:48	
	NEW Registered Office Address:			
		22250	_	
	Jacksonville FL	32258	_	
angu ent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered office an bility company, it i I the limited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in	
	1. V. 1	Joseph Byrns	Think an amed manns of singue	
Signa Z	nure of a member or authorized representative of a member		Printed or typed name of signee	
heře ovis. e ob mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It din writing of this change.	ee to act in this cap performance of mv I for in Chapter 60. iereby confirm that	bacity. I further agree to comply with the duties, and I am familiar with and acce 5, F.S. Or, if this document is being file the limited liability company has been	

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

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