## L19000122858

(Requestor's Name)							
(Ac	ddress)	_					
(Address)							
(City/State/Zip/Phone #)							
		<b>—</b>					
☐ PICK-UP	☐ WAIT	MAIL					
(Bı	usiness Entity Nan	ne)					
(Do	ocument Number)						
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							
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	• •	10					
J. HORNE							
NUV - 2 2021							
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## **COVER LETTER**

TO:	_	stration Section sion of Corporations						
SUBJI	FCT·	BETTER TOGETHER BEVERAGE AND EVENTS LLC  Name of Limited Liability Company						
00.50.								
Dear S	ir or N	⁄ladam:						
The en	closed	Registered Agent/Registered Office Cl	nange and	fee(s) are submitted for filing.				
Please	return	all correspondence concerning this mat	ter to the	following:				
Christi	ne Tarţ	жу						
	·····	Name of Person						
BETTH	ER TO	GETHER BEVERAGE AND EVENTS LL.	3					
•		Firm/Company	• •					
16 Indi	an Gra	ss Lane						
		Address						
Santa F	Rosa Be	each, FL 32459						
		City/State and Zip Code						
christin	ne@bet	ter-together-beverage.com						
E	E-mail	address: (to be used for future annual re	port notif	ication)				
For fu	rther in	nformation concerning this matter, pleas	e call:					
Christi	ne Tarş	ney at	850	376-6611				
		Name of Person		Area Code & Daytime Telephone Number				
	Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Encl	osed is a check for the following amo	ınt:					
	<b>=</b> \$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	me of the limited liability company:	ER	BEVERA	GEAN	D EVENTS LLC	
2. (a)	BETTER TOGETHER BEVERAGE AND EVENTS LLC	(b) BETTER		TER T	TOGETHER BEVERAGE AND EVENTS	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	16 Indian Grass Lane	_	16 I	ndian G	rass Lane	
	Santa Rosa Beach, FL 32459	_	Sant	la Rosa I	Beach, FL 32459	
	05/06/2019		L1900	0012285	8	
3.	Date of filing/registration in Florida	4.	<del></del>	Γ	Document number	
5. (a)	BETTER TOGETHER BEVERAGE AND EVENTS LLC					
J. (u)	Registered Agent and Registered Office shown on the records of the Elizabeth Sinnott			of State:		
	Registered Office Address (MUST BE FLORIDA STREET AL 419 Paradise Blvd	<u>DDR</u>	ESS)			
	Panama City Beach , FL <sup>3</sup>	241	3			
(b)	BEITER TOGETHER BEVERAGE AND EVENTS LLC				FILED M 2: 16  MECHINESE CHANGE  TALLERY OF STATE  TALLERY OF STAT	
. ,	Enter name of NEW Registered Agent and/or NEW Registered O	Office	e address:			
	Christine Tarpey				題 m	
	NEW Registered Office Address:					
	16 Indian Grass Lane				16. 16. 16. 16. 16. 16. 16. 16. 16. 16.	
	Santa Rosa Beach FL <sup>3</sup>	245	9			
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill 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 limited liab	egis ility the mite	tered off compan limited l	ice and iy, it is liability ty comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member	-			Printed or typed name of signee	
provisi the obl to merc	by ascept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe igations of my position as registered agent as provided per ely reflect a change in the registered office address, I he d in writing of this change.	e to erfo for i	act in thi rmance o in Chapte y confirm	is capac of my di er 605, i that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent					
	Division of Corporations P.O. Bo	ox 6	327 <b>●</b> Ta	llahass	ee, FL 32314	
	FILING FE	E: 9	\$25.00			

INHS18 (2/14)