

L19000 261672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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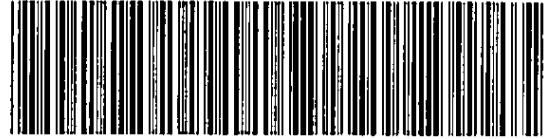
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 JAN -6 AM 7:13

FILED

FEB 03 2020
S. YOUNG

1001 College Court (28562)
Post Office Box 867
New Bern, NC 28563-0867

P: 252.672.5526
F: 252.672.5477
sbe@wardandsmith.com

January 2, 2020

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Embark Vodka, LLC
Our File 191381-00003

Dear Sir/Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent for Limited Liability Company to be filed in your office, as well as our firm check in the amount of \$25.00 in payment of the filing fee.

Please return a stamp-filed copy to me either via e-mail at sbe@wardandsmith.com, or if unable to e-mail it to me, by mail in the envelope provided.

Yours very truly,



Susan B. Ezell
North Carolina State Bar Certified Paralegal

ND: 4851-0536-6448, v. 1
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Embark Vodka, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Fields

Name of Person

Ward & Smith, P.A.

Firm/Company

751 Corporate Center Drive, Suite 300

Address

Raleigh, NC 27636

City/State and Zip Code

scfields@wardandsmith.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Fields

919

277-9188

at ()

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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Embark Vodka, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

815 Middle River Drive, Apt 215

Fort Lauderdale, FL 33304

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

815 Middle River Drive, Apt 215

Fort Lauderdale, FL 33304

3. October 17, 2019

Date of filing/registration in Florida

L19000261672

4.

Document number

5. (a) Taylor J. Rogers

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6931 Indian Creek Drive, Apt 5

Miami Beach, FL 33141

(b) Taylor J. Rogers

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

815 Middle River Drive, Apt 215

Fort Lauderdale, FL 33304

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Taylor J. Rogers, Member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA