## 119000288251

|   | (Requestor's Name)       |  |  |  |  |  |
|---|--------------------------|--|--|--|--|--|
|   | (Address)                |  |  |  |  |  |
| -                                       | (Address)                |  |  |  |  |  |
|   | (City/State/Zip/Phone #) |  |  |  |  |  |
| PICK-UF                                 | P WAIT MAIL              |  |  |  |  |  |
|   | (Business Entity Name)   |  |  |  |  |  |
| (Document Number)                       |                          |  |  |  |  |  |
| Certified Copies                        | Certificates of Status   |  |  |  |  |  |
| Special Instructions to Filing Officer: |                          |  |  |  |  |  |
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|   |                          |  |  |  |  |  |
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Office Use Only



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## COVER LETTER

| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: Beerraven LLC Name of Limited Lia   | bility Company   |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Registered Office Change and for                                     | ec(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the fo                                  | llowing:   |
| Olga Ojacla (Bearrayen  Name of Person  (Bear rayen  Firm/Company                                  | LLC)   |
| 3465 Via Poincia a #405  Address  Lake with fl 33467  City/State and Zip Code                      | _  |
| City/State and Zip Code  | <del>-</del>   |
| Jacotibel of eda ang mail-con<br>JE-mail address: (To be used for inture annual report notific     | ation)   |
| For further information concerning this matter, please call:                                       |  |
| Olga Oreston at (_786  | 3425818<br>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 |

🗅 \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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.

| Name of the limited liabil   | ity company: <u>Bear</u>  | raveu   | LLC   |   |  |  |
|--|---|---|---|---|--|--|
| 2. (a) 3465 V.a. Po. mois  |   |   |   | 1 cio 10 #40"   | 5 Lokonoft   |  |
| Principal office add   | ress of limited liability company:  **TREET_ADDRESS**)  | ·   | Mailing ad  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |  |  |
|  |   |   |   |   |  |  |
|  | 2011<br>2019  |   | 21900x  | J288251   |  |  |
| , , ,  | registration in Florida   | 4. /  |   | ent number  |  |  |
| 5. (a) United Sta  | les Corporation   | AGRATS  | . Inc   |   |  |  |
|  | tered Office shown on the records   |   | pt, of State:   |   |  |  |
| 5575 Seu   | wron Blyd 30  | · · · · · · · · · · · · · · · · · · ·   |   |   |  |  |
| Registered Office Address  | (MUST BE FLORIDA STRE   | <u>ET ADDRESS)</u>  |   |   |  |  |
| Or (ave  | (Z)   | FL_3283   | 27  | 2020 FEB  | 7,   |  |
| (b) 0.1ga 072  | <u> </u>  |   |   | 2 2   | P  |  |
| Enter name of <u>NEW Regist</u>  | ered Agent and/or NEW Registo   | ered Office addres  | <u>\$\$</u> :   | · Þ   | M  |  |
| 3465 V:a   | Binciana #  | + 405   |   | AH 10: 32   |  |  |
| NEW Registered Office Ac   |   |   |   | ≅ 8   |  |  |
|  | ·   | FL_3340   | 67  |   |  |  |
| If the limited liability company<br>change or changes are made, the<br>agent will be identical. Or, in<br>was/were authorized by an affi<br>the articles of organization or  | ne Florida street address of<br>the case of a Florida limited<br>rmative vote of the membe<br>ho operating agreement of | the registered e<br>I liability comp<br>rs of the limited<br>the limited liab | office and the bus<br>any, it is hereby<br>I liability compa-<br>ility company.   | siness office of the<br>confirmed that th<br>my or as otherwise   | e registered<br>te change(s)<br>e provided in              |  |
| Signature of a member or authorize   | <u>/</u>  | (   | <u> Olga <i>(</i>),</u>   | or typed name of signs  |  |  |
|  |   |   |   | ,   |  |  |
| I hereby accept the appointme<br>provisions of all statutes relati<br>the obligations of my position<br>to merely reflect a change in to<br>notified in writing of this chan | ve to the proper and compl<br>as registered agent as prov<br>we registered office address                               | agree to act in ,<br>eie performanc<br>ided for in Cha,<br>. I hereby confi   | this capacity. 1 f<br>e of my duties, a<br>pter 605, F.S. O<br>rm that the limite | further agree to cond Lam Jamiliar van Van Jamiliar van Jamiliar van V | omply with the with and accept is being filed inv has been |  |
| Signature of Registered Agent  |   |   |   |   |  |  |