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LLC REGISTERED AGENT CHANGE DRINK A GAME CBD, LLC

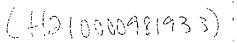
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

l. Ne	ame of the limited liability company: Drink A Game Cl	BD, L	LC	
2. (a)		_	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	390 North Orange Avenue, Suite 1400		1204 5	Suncast Lane, Suite 2
	Orlando, Florida 32801		El Do	rado Hills, CA 95762
	7/7/2020		L20000	181832
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	B&C Corporate Services of Central Florida, Inc.			
J. ()	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRI	<u> </u>	
	390 North Orange Avenue, Suite 1400			∰
	Orlando	32801		一
	, FL			<u></u>
(b)				3
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	
	Anthony W. Palma			jā :
	NEW Registered Office Address:			
	390 North Orange Avenue, Suite 1400			
		12001		
	Orlando , FL	32801		
change agent w was/wer the artic	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of sles of organization or the operating agreement of the l	registe bility f the t imited	ered office company, imited liab I liability o	and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in company.
کی ــــ	re of a member or authorized representative of a member	Jo	luuny D. Da	mon Manager Printed or typed name of signer
Signan	re of a member or authorized representative or a member		at in this a	,. <u> </u>
I hereb provisiö the obli; to merei notified /	y accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to a perfori for in ereby	ct in this c mance of n Chapter t confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept to 505, F.S. Or, if this document is being filed at the limited liability company has been
Signature	of Registered Agent			
-	Division of Corporations P.O. B	nr 63	27a Taliai	hasenn FI 3231d

FILING FEE: \$25.00

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