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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE SUNSHINE IMPORTED LIQUORS 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. Na	ume of the limited liability company: 501			VIF OF	RTED LI	<u> </u>	JINO	LL	<u> </u>
2. (a)			_ (b	o)					
	Principal office address of limited liability co (Nate: MUST BE STREET ADDRES.	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					-	
	8790 SW 8TH STREET		8790 SW 8TH STREET						
	MIAMI FLORIDA 33174	L74 MIA			I FLORIDA 33174				
	10/27/2020			L2	20000340325	;)			
3.	Date of filing/registration in Florid	a	4.		Document r	ıumber	-		
5. (a)	BAUM, DANIEL								
	Registered Agent and Registered Office shown on the	e records of the	e Florida	a Dept. of S	State:				
	8790 SW 8TH STREET								
	Registered Office Address (MUST BE FLORIDA	<u> STREET AI</u>	ODRES!	<u>D</u>					
							= ;	202:	
	MIAMI	171	221	7.4				2022 APR	
	MIAMI	I'I	_331	<i>1</i> 4				R -8	<u></u>
(b)	Registered Agents Inc.								
(0)	Enter name of NEW Registered Agent and/or NEW	Registered C	ffice <u>ad</u>	dress:			ر جي سيد	P	0
	7901 4th St N						32	2: 07	
	NEW Registered Office Address:							_	
	STE 300								
	St. Petersburg	, FL	3702	2					
the cha agent v was/w the art Signa I here provis. the ob- to mer	imited liability company is not organized unange or changes are made, the Florida street awill be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the ricles of organization or the operating agreem with the case of a member or authorized representative of a member of a member of a member of all statutes relative to the proper and ligations of my position as registered agent of the proper and digations of my position as registered office and in writing of this change. Bill Havre	address of t limited liab nembers of tent of the li	he regioility countries the lin mited eto ac erform for in creby contributes the reby contributes the region of the reby contributes the reby contributes the region of th	stered of ompany, nited liab liability of Rile tin this chance of reconfirm the	fice and the bus it is hereby consility company ocompany. By Park Printed or type and of	siness of afirmed or as of	office of that the herwise	the received the r	egistered ge(s) ded in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent