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(Re	questor's Name)				
(Address)					
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(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

Division of Corporations	
IDEA BREWER LLC	
Name of Limit	ed 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:
Justin Krout	
Name of Person	
IDEA BREWER LLC	
Firm/Company	
PO Box 312	
Address	
Vancleve, KY 41385	
City/State and Zip Code	
hello.unite.db@gmail.com	
E-mail address: (to be used for future annual report)	notification)
For further information concerning this matter, please call	l:
Bustin Front 717	683-8884
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	S55 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.

Na	me of the limited liability company:	I.C			
	6441 S Chickasaw Trail		(b)	6441 S Chi	ckasaw Trail
(41)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,		tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOX#164	_		BOX#164	
	Orlando, FL 32829	_	-	Orlando, FI	. 32829
	01/01/2022		i.	,220060057,	36
	Date of filing/registration in Florida	4			Document number
(a)	Justin Krout				
(4)	Registered Agent and Registered Office shown on the records of the 9804 Lancewood St.	ne Flori	da I	ept, of State	;
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>SS)</u>		
	Orlando Fl.	32817			
(b)	Michael Krus		a dala		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (conice .	<u>aug</u>	<u>(655</u> .	
	1073 Willa Springs Drive				
	NEW Registered Office Address:				
	Suite 2005	_			
	Winter Springs, FL	32708			
ange ent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility (f the li limited	erec con imit d lia	Foffice and appany, it is ted liability the ability com	hereby confirmed that the change(s) company or as otherwise provided in
La	stiff	Ju	sun	Krout	Printed or typed name of signee
	ture of a member or authorized representative of a member				
ovisi e obl mer	hy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change	terjor. Hor n	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hanter 605	F.S. Or. if this document is being filed

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

Signature of Registered Agent,