## 1408000804142

	(Requestor's Name)					
	(Address)					
	(Address)	<del></del>				
	(City/State/Zip/Phone #)					
PICK-U	P WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						
	<u></u>					

Office Use Only



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2021 APR 12 PM 2: 1

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbasson FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 753199 8065869							
AUTHORIZATION : June 10 86							
COST LIMIT : \$ 25.00							
ORDER DATE : April 12, 2021							
ORDER DATE : APITI 12, 2021							
ORDER TIME : 9:58 AM							
ORDER NO. : 753199-005							
CUSTOMER NO: 8065869							
CHANGE OF AGENT							
NAME: ABITA BREWING CO., L.L.C.							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker EXT#							

EXAMINER:

## COVER LETTER

	gistration Section ision of Corporations		
SUBJECT:	Abita Brewing Co., LLC.		
		Name of Limited I	Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered (	Office Change and	d fee(s) are submitted for filing.
Please retur	n all correspondence concerning	g this matter to the	following:
Troy Ashle	У		
	Name of Person		<del></del>
Abita Brew	ing Co., LLC		
	Firm/Company		<del></del>
PO Box 15	10		
	Address		<del></del>
Abita Sprin	gs. LA 70420		
	City/State and Zip Cod	le	·······
tashley@al	bita.com		
l>-mai	l address: (to be used for future	annual report noti	fication)
For further	information concerning this mat	ter, please call:	
Troy Ashley	у	985 at (	893.3143 x205
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	ulling Address: gistration Section vision of Corporations D. Box 6327 Iahassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the followi	ng amount:	
2 لـ	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. Na	ame of the limited liability company: ABITA BI	REWING CO., I	L.L.C.	
2. (a)	21084 Highway 36, Covington, ŁA 70433			x 1510, Abita Springs, LA 70420
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	sany:		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	09/10/2008		M080000	04142
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	-			
	Registered Agent and Registered Office shown on the re	cords of the Florid:	a Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA ST	TREET_ADDRESS	<u>27</u>	
	Parkland	.FL 33067		
(b)				TOTAL TEN OF STATE
	Enter name of NEW Registered Agent and/or NEW Re	wistered Office ad	dress:	The world
	Corporation Service Company			SSOF E
	NEW Registered Office Address:			- St. 9: h
	1201 Hays Street			THE W
	Tallahassee	FL_32301		
change igent v was/we	imited liability company is not organized under or changes are made, the Florida street address will be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the menticles of organization or the operating agreement	s of the registere nited liability co nbers of the lim	ed office a mpany, it ited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
		•	y Ashley, (	
_	ure of a psember or authorized representative of a member			Printed or typed name of signee
rovisio he obli o mere	w accept the appointment as registered agent a ins of all statutes relative to the proper and con gations of my position as registered agent as p ly reflect a change in the registered office addr I'm writing of this change.	nd agree to act inplete performa rovided for in C cess, I hereby co	in this ca ince of my Thapter 6th onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
	de & Blim			
ignatur	e of Registered Agent			