

M110000000397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

JUN 09 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2011

JUDY CULVER
CLAS INFORMATION SERVICES
2020 HURLEY WAY, STE. 350
SACRAMENTO, CA 95825

SUBJECT: DRINK FOUR BREWING COMPANY, LLC
Ref. Number: M11000000397

We have received your document for DRINK FOUR BREWING COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 911A00008172

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRINK FOUR BREWING COMPANY, LLC
Name of Limited 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:

JUDY CULVER

Name of Person

CLAS INFORMATION SERVICES

Firm/Company

2020 HURLEY WAY, STE. 350

Address

SACRAMENTO, CA 95825

City/State and Zip Code

jc@clasinfo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDY CULVER

Name of Person

at (800)

447-6237

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: DRINK FOUR BREWING COMPANY, LLC

2. (a) Principal office address of limited liability company: 1658 MILWAUKEE AVE., STE 424

(Note: MUST BE STREET ADDRESS)

CHICAGO IL 60647

(b) Mailing address of limited liability company:

1658 MILWAUKEE AVE., STE 424

(Note: MAY BE POST OFFICE BOX)

CHICAGO IL 60647

01/26/2011

3. Date of filing/registration in Florida

M11000000397

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.

Registered Office Address:

155 OFFICE PLAZA DRIVE

SUITE A

TALLAHASSEE, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NRAI SERVICES, INC.

NEW Registered Office Address:

515 EAST PARK AVENUE

(MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Chris Henneforth
Signature of a member or authorized representative of a member

CHRIS HENNEFORTH, CHIEF FINANCIAL OFFICER OF MEMBER

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Judy Culver
Signature of Registered Agent JUDY CULVER, ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00