M11000000397

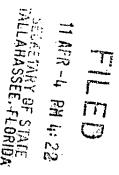
(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
. (Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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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 SACRMENTO, 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



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 n	natter to the following:			
JUDY CULVER Name of Person				
CLAS INFORMATION SERVICES Firm/Company				
2020 HURLEY WAY, STE. 350 Address				
SACRMENTO, CA 95825 City/State and Zip Code	IT APR -4 LLAHASSE			
jc@clasinfo.com E-mail address: (to be used for future annual report notifical				
For further information concerning this matter, please call:				
JUDY CULVER 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	S55 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 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.	Nar	ne of the limited liability company:DRINK F	OUR BREWING COMPANY, LLC	
2.	(a)	Principal office address of limited liability company	y: 1658 MILWAUKEE AVE., STE 424	
		(Note: MUST BE STREET ADDRESS)	CHICAGO II 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	M11000000397	
3.	Dat	e of filing/registration in Florida	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 OFFFICE PLAZA DRIVE	
			SUITE A TALLAHASSEE, FL 32301	
	NEW Registered Agent: NEW Registered Office Address:	NRAI SERVICES, INC. 515 EAST PARK AVENUE		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 EAST PARK AVENUE	
			TALLAHASSEE FL32301	
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. Signature of a member or authorized representative of a member				
Pri	inted	HENNEFORTH, CHIEF FINANCIAL OFFICER OF MEMBE or typed name of signor		
Co. Cli	here mpl d] apt dre.	by accept the appointment as registered agent and y with the provisions of all statutes relative to the pram familiar with and accept the obligations of my per 608, F.S. Or, if this document is being filed to mean, I hereby company that the limited liability company.	agree to act in this capacity. Hurther agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.	
Signature of Registared Agent AUDY CULVER, ASSISTANT SECRETARY				
/	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			