Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H14000148746 3)))



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To:

Division of Corporations

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Account Name

: C T CORPORATION SYSTEM Account Number : FCA000000023

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE BEV GROUP INTERNATIONAL, LLC

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June 23, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BEV GROUP INTERNATIONAL, LLC 1521 ALTON ROAD #163 MIAMI BEACH, FL 33139

SUBJECT: BEV GROUP INTERNATIONAL, LLC

REF: M13000006557

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The above entity is a limited liability company and the form you submitted is for a corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II FAX Aud. #: H14000148746 Letter Number: 214A00013556

RE-SUBMIT Please retain original fling date of submission 6/20

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	BEV GROUP INTERNATIONAL, LLC						
Name of Limited Liability Company							
Dear Sir o	Dear Sir or Madam:						
The enclo	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:							
Shannon N	Melick						
	Name of Person	<u></u>	•				
BEV GRO	DUP INTERNATIONAL, LLC						
	Firm/Company		•				
9663 Sant	Monica Bivd Suite 406						
	Address		•				
Beverly H	Ulla, CA 90210		_				
	City/State and Zip Code						
E-m	mil address: (to be used for future annu	al report notific	ation)				
For further information concerning this matter, please call:							
Shannon N	Melick	310 at (207-8600 x112				
	Name of Person		Area Code & Daytime Telephone Number				
R D C 2	TREET/COURIER ADDRESS: Legistration Section Clifton Building 661 Executive Center Circle callahassee, Florida 32301	Regi: Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
E	Enclosed is a check for the following amount:						
_	\$25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy				
INHS18 (2	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.

2. (a)	1521 ALTON ROAD #163 MIAMI BEACH, FL 33139	(b) <u>9663 Sar</u>	nta Monica Blvd Suite 406 Beverly Hills, CA 9
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ·		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/16/2013	-	M1300000	06557
3.	Date of filing/registration in Florida	4,		Document number
5. (a)	CORPORATION SERVICE COMPANY		•	·
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of St	ato:
	Registered Office Address			
	1201 HAYS STREET			
	TALLAHASSEE ,FL	32301-25	525	20 A
(b)	C T Corporation System			
(1)	Enter name of NEW Registered Agent and/or NEW Registered	Office adj	jess:	9: 52 STAIL LORIU
	NEW Registered Office Address:		·	_
	1200 South Pine Island Road			_
	Plantation ,FL	33324		_
the cha agent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of oles of organization or the operating agreement of the	the regis bility co f the lim limited l	stered offi mpany, it ited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signa	nure of a member or authorized representative of a member			Printed or typed name of signec
I herei provisi the obl to mere notified CT Co	by accept the appointment as registered agent and agri- ons of all statutes relative to the proper and complete inguitions of my position as registered agent as provide ely reflect a change in the registered office address, it is priviled by the change.	ee to act perform i for in C nereby co	In this ca ance of m Chapter 60 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 it the limited liability company has been
CTCo By: Significan	porting of the change. The state of the change of the cha	SS(.	Secreta	7

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

INHS18 (2/14)