

M18000005862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

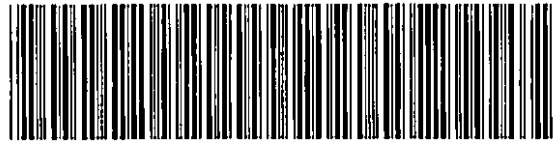
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
AUG 08 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2018

ADRIAN EZRA GRANT
484 WEST ST.
WEST BRIDGEWATER, MA 02379

SUBJECT: HOPE BEVERAGE LLC OF FLORIDA
Ref. Number: M18000005862

We have received your document for HOPE BEVERAGE LLC OF FLORIDA 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) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 618A000149

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hope Beverage LLC of Florida
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:

Adrian Ezra Grant (Compliance Specialist but will be not "on" the FL license)

Name of Person

Hope Beverage LLC

Firm Company

484 West St.

Address

West Bridgewater, MA, 02379

City State and Zip Code

Compliance@hopebeverage.net

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

For further information concerning this matter, please call:

Alain P. Huppe

Name of Person

at (339) 364-1458

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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FLORIDA
SECRETARY OF STATE

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. Name of the limited liability company: Hope Beverage LLC of Florida

2. (a) Hope Beverage LLC (b) Hope Beverage LLC
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
377 Rubin Ctr Dr., Suite 201 484 West St.
Fort Mill, SC 29708 West Bridgewater, MA 02379
6/12/2018 M18000005862
3. Date of filing registration in Florida 4. Document number

5. (a) Theresa O'Brien
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Theresa O'Brien was at 20244 Melville St. in Orlando, FL, 32833
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
20244 Melville St.
Orlando, FL 32833

(b) Theresa O'Brien (Same Registered Agent, new address)

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

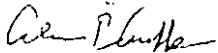
Theresa O'Brien is now at the address below, and she remains the Registered Agent for Hope Beverage LLC of Florida

NEW Registered Office Address:

47 S. Hamilton Springs Road

St. Augustine, FL 32084

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

Alain P. Huppe

Printed or typed name of signee

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 605, 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.

Alain P. Huppe
Signature of Registered Agent

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