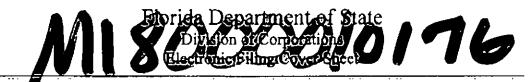
5/20/2020

Division of Corporations



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: (850)617-6383

From:

Account Name : URS AGENTS LLC
Account Number : 120150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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annual report mailings. Enter only one email address please.\*\*

Email Address: menderson@urscompliance.com

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## LLC REGISTERED AGENT CHANGE CHIHUAHUA BREWING COMPANY, LLC

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COVER LETTER TO: Registration Section **Division of Corporations** CHIHUAHUA BREWING COMPANY, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: ROSHNI SIDDIQUI Name of Person CHIHUAHUA BREWING COMPANY, LLC Firm/Company 660 NEWPORT CENTER DR STE 200 Address NEWPORT BEACH, CA 92660 City/State and Zip Code RHenderson@urscompliance.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 800 567-4397 URS Agents ATTN Kaneths Bishop Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy 2 \$25 Filing Fee INH\$18 (2/14)

(((H20000150448 3)))

## 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. N	ame of the limited liability company: CHIHUAHUA	BRE	MNG COM	PANY, LLC				
2. (a)	Principal office address of limited liability company: (Natur MUST BE STREET ADDRESS)		b)	felling address of limited liability company: (Note: MAY BE POST OPPICE BOX)				
	680 NEWPORT CENTER DR STE 200	_	680 NEV	VPORT CEN	TER DR	STE 20	<u>0</u>	
	NEWPORT BEACH, CA 92660	_	NEWPORT BEACH, CA 92660					
	11/13/2018		M180000	10178				
3.	Date of filing/registration in Florida	4,		Document num	ber			
5. (a)	Registered Agent and Registered Office shows on the records of BREWERLONG, PLLC	the Plant	du Dept. of State	ı	,	21		
	Registered Office Address (MUST BE FLORIDA STREET) 620 N WYMORE RD STE 270	ADDRES	27		<u>.</u> .	2020 MAY		
	MAITLAND , FL	3275	1			¥ 20	ě	
(b)	Enter name of NEW Registered Agent and/or NEW Registered				٠.	AH 11: 0		
	Enter name of NEW Registered Agent and/or NEW Registered	Office e	ddress:		-		-	
	NRAI SERVICES, INC.					10		
	NEW Registered Office Address:							
	1200 SOUTH PINE ISLAND RD							
	PLANTATION , FL	33324	•					
the cha agent v was/we	Imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited limited authorized by an affirmative vote of the members of cless of organization of the full jamison.	ws of the regability of the lin	e State of Flo istered office company, it is nited liability	and the busines hereby confirm company or as	ss office of ned that the otherwise	the regis	itered s)	
Signal	ure of a number or numberbacket representative of a member	_	· · · · · · · · · · · · · · · · · · ·	Printed or typed n	arac of algoo	,		
i herei provisi ine obli io mere notifica	by accept the appointment as registered agent and aground of all statutes relative to the proper and complete ligations of any position as registered agent as provide by reflect a change in the registered office address, it is writing of this change.	perform d for in hereby (	t in this capa nance of my d Chapter 605, confirm that to	ciry. I further a hitles, and I am F.S. Or, if this he limited liabi	agree to co familiar w document lity compa	mply with lith and a is being ny has be	the ccept flied en	
Signatur	to of Registered Apont Posts Se	<b>.</b>						

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