	(850) 222-2666 or (800) 969-1666 . Fax (850) 222-166
PICK UP 11/23/00	N
	cus
PHOTO COPY	Xelling PA Charox 3
1.) Pasco Politage Group, LLC (CORPORATE NAME & DOCUMENT #)	JO: 46 STATE Larida
2.)(CORPORATE NAME & DOCUMENT #)	4000030525542 -11/23/9901013007 ****220.00 ******55.00
3.)(CORPORATE NAME & DOCUMENT #)	
4.)(CORPORATE NAME & DOCUMENT #)	
5.)(CORPORATE NAME & DOCUMENT #)	
SPECIAL INSTRUCTIONS	RECEIV 99 NOV 23 AM 0EPA THAS UF TALL MASSEE, F

## 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. The name of the limite	ed liability company is: PASCO BEVERAGE GROUP, LLC	· · · · · · · · · · · · · · · · · · ·
2. The mailing address of	f the limited liability company is:	
_	ceet, Suite 1700, Tampa, Tampa, Florida 33602	
August 10, 1990	М9900001257	
3. Date of filing/registration	·	<del></del>
J. Date of Hing/registrat.	4. Document number	
5. The name of the register Florida Department of	ered agent and the registered office address as shown on the records of State.	-
i fortua Department of	C T CORPORATION SYSTEM	F1L 99 NOV 23
	Name	Z TI
	1200 South Pine Island Blvd.	22
Address SS W Plantation, Florida 33602		
	City, State and Zip	M D: 5
6. The name and address of the new registered agent and/or office:		
	Nathaniel L. Doliner, Esq.	Fi 6
	Name 777 S. Harbour Island Blvd.	
	Florida street address (P.O. Box NOT acceptable)	
	Tampa 33602 FI.	ē.
	City, State and Zip	-
confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the operating agreement of the operating agreement of the operating agreement of the operation of the operat	cka, Secretary	ed office nited ative vote of ization or
(Signature of Registered Agent)	<del>/</del> .	
Divisio	on of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18(10/99)