

104 00000 9186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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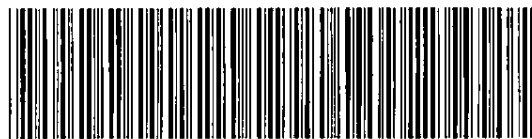
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LATIN AMERICAN BREWER'S ASSOCIATION, INCORPORATED  
Name of Corporation

**DOCUMENT NUMBER:** N04000009186

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tania Elizabeth Ramos Beltran.

Name of Contact Person

LATIN AMERICAN BREWER'S ASSOCIATION, INCORPORATED

Firm/Company

25 SE 2ND AVE STE 550 PMB 1074

Address

MIAMI, FL 33131

City/State and Zip Code

taniaramos@cerveceroslatinoamericanos.com

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

For further information concerning this matter, please call:

Tania Elizabeth Ramos Beltran

Name of Contact Person

at ( 554 ) 890-5588

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LATIN AMERICAN BREWER'S ASSOCIATION, INCORPORATED

2. The principal office address: 25 SE 2ND AVE STE 550 PMB 1074 MIAMI, FL 33131

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/24/2004 Document number: N04000009186

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

VERDE, VALENTINA

4861 NW 97th Ct.

DORAL, FL 33178

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Tania Elizabeth Ramos Beltran

Signature of an officer or director

Tania Elizabeth Ramos Beltran, Director

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

C T Corporation System

By:

Sherry McGinnes

12/13/2024

Signature of Registered Agent

Date

If signing on behalf of an entity:

Sherry McGinnes, Assistant Secretary

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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