

P0500023835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2020 SEP 14 PM 3:10

OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 SEP 14 PM 1:13

C. GOLDEN

SEP 15 2020

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number

FCA000000017

Date:

9-14-20

Requestor Name:

Carlton Fields

Address:

Post Office Drawer 190
Tallahassee, Florida 32302

Telephone:

(850) 513-3619 - direct
(850) 224-1585

Contact Name:

Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT

\$ 35.00

Corporation Name:

Beverage Innovations, Inc.

Email Address:

Entity Number:

POS0000023835

Authorization:

Kim Pullen

☐ Certified Copy

☐ Certificate of Status

☐ New Filings

☐ Plain Stamped Copy

☐ Annual Report

☐ Fictitious Name

☒ Amendments

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

CF Internal Use Only

Client 14132

Matter 40236

Name Ryder

Office Min

**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: BEVERAGE INNOVATIONS, INC.
2. The principal office address: 955 NW 17TH AVENUE, BUILDING J, DELRAY BEACH, FLORIDA 33445
3. The mailing address (if different): _____
4. Date of incorporation/qualification: FEBRUARY 14, 2005 Document number: P05000023835
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)

CORPORATION COMPANY OF ORLANDO

300 SOUTH ORANGE AVENUE, SUITE 1600

ORLANDO

FL 32801

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

CF REGISTERED AGENT, INC.

100 SOUTH ASHLEY DRIVE, SUITE 400

P.O. Box NOT acceptable

TAMPA

FL 33602

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.


Signature of an officer or director

JAMES L. DAY

PRESIDENT

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.

CF REGISTERED AGENT, INC.

BY: 
Signature of Registered Agent

SEPTEMBER 3, 2020

Date

If signing on behalf of an entity:

DANA CHAABAN, Authorized Representative

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
CR2E045 (04/13)