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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : FLORIDA INCORPORATORS, INC.
Account Number : 075350000473
Phone : (813) 632-7882
Fax Number : (305) 402-3141

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE
COMPLETE BEVERAGE SOLUTIONS INC.

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**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, COMPLETE BEVERAGE SOLUTIONS INC.
2. The principal office address: 2123 RENAISSANCE BLVD #206
MIRAMAR FL 33025
3. The mailing address (if different): _____
4. Date of incorporation/qualification 06/26/2006 Document number: P06000085831
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
LIPSCHER & REYNOLDS, P.L.
1655 PALM BEACH LAKES BLVD. STE 620
WEST PALM BEACH FL 33401

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

Florida Incorporators, Inc.

8875 Hidden River Pkwy Ste 300

(P.O. Box NOT acceptable)

Tampa, FL 33637

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 no corporation has been required in writing of the change



(Signature of Registered Agent)



(Signature of Registered Agent)

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.

By: _____

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Mark Hankins, President

(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

CR21 015 (8-05)

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