P2200002094

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	•
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Libertarian Beer Company Inc. Name of Corporation	
DOCUMENT NUMBER: P22000002094	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Karin Rodriguez	
Name of Contact Person	
Libertarian Beer Company Inc.	
Firm/Company	
7901 4th St N STE 300	
Address	
St. Petersburg FL 33702	
City/State and Zip Code	
libertarianbeer@gmail.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
Karin Rodriguez	at (954)851-4623
Name of Contact Person	at (954)851-4623 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation or,	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.
1. The name of	the corporation: Libertarian Beer Comp	any Inc.
2. The principa	office address: 7901 4th St N STE 300,	St Petersburg FI 33/02
3. The mailing	address (if different):	
4. Date of inco	rporation/qualification: 01/04/2022	Document number: P22000002094
5. The name ar		ed agent and registered office on file with the
	Karin Rodriguez	
	19201 Collins Ave Suite 303	
	Miami FI 33160	
6. The name ar (if changed):		agent (if changed) and /or registered office
	Registered Agents Inc	
	7901 4th St N STE 300	2024
	P.O St. Petersburg FL 33702	Box NOT acceptable PR 26
The street addras changed wil	ress of its registered office and the str II be identical.	cet address of the business office of its registered agent.
Such change wanthorized by	vas authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by an officer so, i notified in writing of the change.
The contract of the contract o	eer	Karin Rodriguez
	ure of an officer or director	Printed or typed name and title
I hereby accep I further agree of my duties, a document is be corporation ha	it the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the ging filed merely to reflect a change in as been notified in writing of this char	t and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this n the registered office address, I hereby confirm that the nge.
Dand Rosens		04/17/2024
	gnature of Registered Agent	Date
If signing on b	ehalf of an entity:	
David Roberts		
	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)