

FD0000005640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

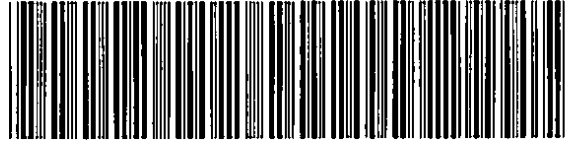
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000342304090

2020 MAR 19 AM 8:40

FILED

20 MAR 19 PM 3:40

O SIMMONS
MAR 20 2020

Incorporating Services, Ltd.

3500 S DuPont Highway
Dover, DE 19901
302.531.0855
Fax: 302.531.3150
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corp-help@dos.myflorida.com
850-245-6051

FROM Megan Malarkey
mmalarkey@incserv.com
302.531.3150

REQUEST DATE 3/19/2020

PRIORITY Regular Approval

OUR REF # (Order ID#) 816322

ORDER ENTITY

MAUI WINE, LTD. CORPORATION

PLEASE PERFORM THE FOLLOWING SERVICES:
MAUI WINE, LTD. CORPORATION (FL)

File the attached change of agent document

NOTES:

\$35.00 Authorized
Email address for annual report reminders: beth@mauiwine.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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 Hawaii in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Maui Wine, Ltd. Corporation
- 2. The principal office address: 14815 Piilani Hwy, Kula, HI 96790
- 3. The mailing address (if different): HC1 BOX 953, KULA, HI 96790
- 4. Date of incorporation/qualification: 10/10/2000 Document number: F00000005640
- 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)

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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


INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301

P.O. Box NOT acceptable

RECEIVED
 2020 MAR 19 AM 8:40
 STATE

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

PAULA J. HEGELE, 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.



Signature of Registered Agent

03/17/2020

Date

If signing on behalf of an entity:

Megan Malarkey, 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
 CR2F.045 (04/13)