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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FL WINE LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
SIMONE MARAVALLE	•
Name of Person	
FL WINE LLC	
Firm/Company	
200 BISCAYNE BLVD WAY APT 4208	
Address	
MIAMI, FL 33131	
City/State and Zip Code	
s.maravalle@gmail.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	e call:
SIMONE MARAVALLE	917 9715185 EAST TIME
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	unt:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: FL WINE LLC					
2. (a)	200 BISCAYNE BLVD WAY APT 4208 MIAMI	l, (b)	200 BISCA	YNE BL	_VD WAY MIAMI,FL	_ 33 [.]
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Maili		of limited liability company BE POST OFFICE BOX)	:
	MIAMI FL 33/3/	-	MIAMI	FL	33131	
	02/26/2015	_	_150000361	95		
3.	Date of filing/registration in Florida	4.	Do	cument n	umber	
5. (a)	SIMONE MARAVALLE					
J. (u,	Registered Agent and Registered Office shown on the records of the	e Florida	Dept, of State:	•		
	888 BISCAYNE BLVD APT 4810 MIAMI, FL	33132				
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)				
					2015 NOV SECRET	
	, FL				SA	-17
	· · · · · · · · · · · · · · · · · · ·				S NOV -2	
, (b)	Enter name of NEW Registered Agent and/or NEW Registered (Det II			سرية والما	IT
	Enter name of NEW Registered Agent and/or NEW Registered C	Mice add	ress:		PH 4: OF STA	
	SIMONE MARAVALLE				# 4:57 FSTATE FLORID	***************************************
	NEW Registered Office Address:				5m 1	
	200 BISCAYNE BLVD WAY APT 4208					
	MIAMI , FL	33131				
the chagent was/w the arrival signal	limited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial recent authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited of a member of authorized representative of a member reby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered agent as a provided a first resistance of the light	the regis bility co f the limi imited li SIM	tered office and mpany, it is he ted liability compar ONE MARA	d the busineby confirmation of the business of	iness office of the regis firmed that the change(s r as otherwise provided ed name of signee	stered s) l in