## L150000 36195

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SECRETARY OF STATE TALL ALL ALL ASSET FOR DRIVE

J. HARRIS

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FL Wine T Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Maravalle Simone Name of Person	<u> </u>
Firm/Company	
1504 Bay Rd. Apt	2308
Miami Beach, FL 33 City/State and Zip Code	3139
Fluinelle amail. Con E-mail address: (to boused for future annua	(Y) al report notification)
For further information concerning this matter, p	lease call:
Simone Maravalle	at (917) 971 5185  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 a	mount:
<b>2</b> ∕\$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.

2. (a	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b)     Bricke  Boy Dr.  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	. ^
	Miami, FL 33131 Apt, 2802
	Apt. 2802 Miami, FL 33131
	02/26/2015 1.15000036195
3.	Date of filing/registration in Florida 4. Document number
5. (8	Simone Maravalle
(-	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	IIII Brickell Bay Dr.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	apt. 2802
	Miami FL 33131 = 5
(b	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	1504 Bay Rd. Apt 2308  NEW Registered Office Address:
	NEW Registered Office Address:
	DET -
	Mami Beach, FL 33139
	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agen	nange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
was/v	vere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization of the operating agreement of the limited liability company.
(	Simula Simone Maravalle
Sig	nature of a member or authorized representative of a member Printed or typed name of signee
I her prove the o to me notif	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been ed in writing of this change.