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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ <u>**Bilcar Limited Partnership**</u> _____
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: _____ <u>A04000000763</u> _____

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

<u>Angela DeLeon</u>
Contact Person

<u>Bilcar Limited Partnership</u>
Firm/Company

<u>10300 Chalk Hill Road</u>
Address

<u>Healdsburg CA 95448</u>
City, State and Zip Code

<u>adeleon@foleyfamilywines.com</u>
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Angela DeLeon</u> at (<u>707</u>) <u>657-4871</u>
Name of Contact Person   Area Code and Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. **Bilcar Limited Partnership**

Name of Limited Partnership or Limited Liability Limited Partnership

2. **05/07/2004**

Date of filing/registration in Florida

3. **A04000000763**

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Michael L. Gravelle

Name

601 Riverside Avenue

Address

Jacksonville FL 32204

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Colleen E. Haley

Name

601 Riverside Avenue

Florida street address (P.O. Box not acceptable)

Jacksonville   FL   **32204**

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

_____

Signature of General Partner

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 obligations of my position as registered agent.

_____

Signature of Registered Agent

Filing Fee: **$35.00**
Certified Copy (optional): **$52.50**