Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

Prem:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** 1;--

Email Address:

REGISTERED AGENT CHANGE USA WINE IMPORTS, INC.

Certificate of Status	0
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Corporate Filing Menu

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A. RAMSEY NOV 10 2022

By:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of
	the corporation: USA WINE IMPORTS, INC.
	office address: 285 WEST BROADWAY
3. The mailing a	address (if different):
	poration/qualification: 11/02/2000 Document number: F00000006249
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	ATLAS, MICHEL
	3224 BAY ESTATES DRIVE
	MIRAMAR BEACH, FL 32550
6. The name and (if changed):	MIRAMAR BEACH, FL 32550 d street address of the new registered agent (if changed) and /or registered office C T Corporation System 1200 South Pine Island Road P.O. Boy NOT acceptable
	C T Corporation System
	1200 South Pine Island Road
	P.O, Boy NOT acceptable O
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
profes	Justin Pentz
-	t un officer or director Printed or typed name and title
I further agree t of my duties, and document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Q.	11/09/2022
Sign	mature of Registered Agent Date
If signing on bel	chalf of an entity:
Joe Davis	is, Assistant Secretary
Ту	yped 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)