Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (512)418-6949

Phone Fax Number

: (954)208-0845

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

Email	Address:	

REGISTERED AGENT CHANGE WINERY EXCHANGE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

C. GOLDEN

OCT 1 7 2017

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	WINERY EXCHANGE, INC.
	Name of Corporation
DOCU	JMENT NUMBER:
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	CT
	Name of Contact Person
	Firm/Company
	T in the Company
	Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	12-man audiess. (to be used for future amidat report nonneadon)
For fu	ther information concerning this matter, please call:
	at (
	Name of Contact Person at () Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32314 Zoof Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: WINERY EXCHANGE, INC.	
The name of the corporation: WINERY EXCHANGE, INC. The principal office address: 500 REDWOOD BLVD SUITE 200 NOVATO, CA 94947	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/03/2017 Document number: F17000003002	
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)	
COGENCY GLOBAL INC	
115 N CALIIOUN ST SUITE 4 TALLAHASSEE, FL 32301 AND COLUMN ST SUITE 4 TALLAHASSEE, FL 32301 AND COLUMN ST SUITE 4 TALLAHASSEE, FL 32301	
	FILED
Plantation, Florida 33324	
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 Signature of an officer or director 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.	
By: application System 10/16/2017	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
April Wittenwyler, Ast. Sec. 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 CR2E045 (03/12)