## L01000000828

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## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations				
Taste A' Vint LLC				
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
Mary O Huscusson				
Name of Person	<del></del>			
Taste A' Vint LLC				
Firm/Company	<del></del>			
2313 Windsor Oaks Ave.				
Address				
Lutz, Fl. 33549				
City/State and Zip Code				
tasteavint@msn.com				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, pla	ease call:			
Mary O Huscusson	813 220*6231			
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 an	nount:			
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy			

## 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.

Na	me of the limited liability company: Taste A" Vint	LLC	
(a)	2313 Windsor Oaks Ave. Lutz FI 33549	23/.	के Windsor Oaks Ave.Lutz Fl 33549
. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	January 17,2001	L01000000828	
	Date of filing/registration in Florida	- <sub>4.</sub> -	Document number
(a)	January 17,2001		
. (a)	Registered Agent and Registered Office shown on the records of	ept. of State:	
	Mary O. Podraza		
	Registered Office Address (MUST BE FLORIDA STREET)		
	17818 Grey Brooke Drive	Z., 20	
	Tamp FI 33647	•	ZOUR HOW THE THE
(b)	Mary O Huscusson  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	04-5 PM 2: 00	
	NEW Registered Office Address:		
	34130 Cherokee Ln		
	Wesley Chapel , FL	33543	····
e cha ent v as/we artî Signat	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of cless of organization or the operating agreement of the wave of a member or authorized representative of a member on a street the appointment as registered agent and agreement of all statutes relative to the proper and complete igations of my position as registered agent as provide the proper and complete in the registered office address, I	the register ability composite limited lia	ered office and the business office of the register apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.  Printed or typed name of signee  I this capacity. I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent