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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: WineOne, 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	g this matter to the following:		
Gloria Young			
(Name of Person)			
WineOne, LLC			
(Firm/Company)			
5100 W. Copans Road, Suite 310			
(Address)			
Margate, FL 33063			
(City/State and Zip Code)			
For further information concerning this mat	ter, please call:		
Gloria Young	at (954) 984-0070		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	ing amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Alejandro E. Roca Name 12090 NW 71st Street Florida street address (P.O. Box NOT acceptable) Parkland FL 33076 City, State and Zip	· ·	•			
Margate, FL 33063 12/31/2003 12/31/2003 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Robert J. Florio	1. The name of the limite	ed liability compa	any is: WineOne, LLC		
Margate, FL 33063 12/31/2003 12/31/2003 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Robert J. Florio	2. The mailing address o	f the limited liab	lity company is: 5100 W	/. Copans Road, Suite 3	310
12/31/2003 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Robert J. Florio					
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Florida Department of State: Robert J. Florio	Date of filing/registrat	ion in Florida	4. Do	ocument number	
Address Margate, FL 33063 City, State and Zip 6. The name and address of the new registered agent and/or office: Alejandro E. Roca Name 12090 NW 71st Street Florida street address (P.O. Box NOT acceptable) Parkland FL 33076 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the member of authorized representative of a member) Robert J. Florio (Printed or typed name of signec) 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 diamilitar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am diamilitar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am diamilitar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am diamilitar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am diamilitar with the provisions of all statutes relative to the proper and complete performance of my duties, the provisions of all statutes relative to the proper and complete performance of my duties, the provisions of all statutes relative to the proper and complete performance of my duties, the provisions of all statutes relative to the proper and complete performance of my duties, the provisions of all statutes relative to the proper and complete performance o			e registered office addres	ss as shown on the reco	ords of the
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00