L04000078756

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ACCOUNT NO. : 072100000032

REFERENCE: 413677

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AUTHORIZATION

COST LIMIT

ORDER DATE: June 7, 2005

ORDER TIME : 3:49 PM

ORDER NO. : 413677-010

CUSTOMER NO: 136685A

CUSTOMER: Matt Goldman, Esq

Matt Goldman, Esq

Suite 4-b

2911 Grand Avenue

Coconut Grove, FL 33133

CHANGE OF AGENT

NAME:

UNIVERSAL WINES AND SPIRITS

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER: _____

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. 1. The name of the limited liability company is: Universal Wines and Spirits LLC 2. The mailing address of the limited liability company is: 8255 N.W. 70th Street Miami, Florida 33166 10/27/2004 L04000078756 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: Raul Diaz Name 8255 N.W. 70th Street Address Miami, Florida 33166 City, State and Zip 6. The name and address of the new registered agent and/or office: James M. Kessier 8255 N.W. 70th Street Florida street address (P.O. Box NOT acceptable) 33166 Miami

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 or the operating agreement of the limited liability company.

City. State and Zip

(Printed of typed name of signee)

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 as provided for in Chanter 608, F.S. Or if this document is heips filed to merely reflect a change in the registered office as been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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