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| PICK-UP | ☐ WAIT | MAIL | |
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| (Business Entity Name) | | | |
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| Certified Copies | Certificates | of Status | |
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| Special Instructions to Filing Officer: | | | |
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COVER LETTER

| Division of Corporations | | | |
|--|---|----------|--------|
| SUBJECT: D'Origen wines LLC | Limited Liability Company) | _ | |
| (17dille 01) | Difficed Blacking Company) | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered (| Office Change and fee(s) are submitted for fi | ling. | |
| Please return all correspondence concerning | g this matter to the following: | | |
| | | | |
| Fernando Borquez (Name of Person) | | | • |
| | 4 | | |
| D'Origen Wines LLC | | 07 C | |
| (Firm/Company) | AHA? | <u> </u> | |
| 1340 Stirling Rd #6 B | SEE. | · - | |
| (Address) | FLORI | PH 12: | |
| | | | |
| Dania Beach Fl 33004 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this mat | tter, please call: | | |
| Fernando Borquez | at (305) 300 7298 | | |
| (Name of Person) | (Area Code & Daytime Telepl | none Ni | umber) |
| 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 followi | ing amount: | | |
| \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | |

TO: Registration Section

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 com | npany is: D'Origen Wines LLC | - <u>,</u> |
|--|---|---|
| 2. The mailing address of the limited lia | ability company is : 1340 Stir | ling Rd #6 B Dania Beach Fl 33004 |
| 12/09/2004 | L04000 | 0089104 |
| 3. Date of filing/registration in Florida | 4. Doo | cument number |
| 5. The name of the registered agent and Florida Department of State: | the registered office address | as shown on the records of the |
| Fernando B | | |
| | Name | · 🛁 |
| 1340 Stirling | | 07 |
| 5 . 5 . | Address | |
| Dania Beach | City, State and Zip | |
| 6. The name and address of the new registered agent and/or office: | | NY OF PH |
| Fernando Bo | orquez | PH 12: OF STA |
| Name 18800 NE 29th Ave # 1014 | | AIF RIDA |
| Florida stree | et address (P.O. Box NOT ac | cceptable) |
| Aventura | FL 33180 | |
| | City, State and Zip | |
| If the limited liability company is not or confirmed that after the change of change and the business office of the registered liability company, it is hereby confirme of the members of the limited liability or the operating agreement of the limited | ges are made, the Florida stre agent will be identical. Or, d that the change(s) was/wer company or as otherwise pro d liability company. | eet address of the registered office in the case of a Florida limited e authorized by an affirmative vote |
| (Signature of a member or authorized representative | of a member) | |
| Jarnardo Rarg. | 092 | |
| (Printed or typed name of signee) I hereby accept the appointment as reg comply with the provisions of all statute and I am familiar with and accept the o Chapter 608, F.S. Or, if this document address, I hereby confirm that the limits | istered agent and agree to a es relative to the proper and bligations of my position as is being filed to merely refle ed liability company has bee | ct in this capacity. I further agree to complete performance of my duties, registered agent as provided for in ct a change in the registered office n notified in writing of this change. |
| (Signature of Registered Agent) | | |
| Division of Corpora | itions, P.O. Box 6327, Talla FILING FEE: \$25.00 | hassee, FL 32314 |