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(R	Requestor's Name)	
(A	ddress)	
	.ddress)	
(^	uuless)	
(C	city/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	Business Entity Name	e)
(D	Name of the state	
(L	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
L. SELLERS		
JUL - 1 2008		
EXAMINER		

Office Use Only



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COVER LETTER

	istration Section sion of Corporations	
SUBJECT:	BISCAYNE ((Name of Limited Liability Company)
Dear Sir or	Madam:	
The enclose	d Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.
Please retur	n all correspondence co	oncerning this matter to the following:
<u> 102 SI</u>	CHANDIZA MA (Name of Perso	
_815CA	YNE WINE GR (Firm/Company	20UP 24 C
1441 8	RICKELL AVE (Address)	SUITE # 302
<u> </u>	(City/State and Zip	Code)
For further	information concerning	g this matter, please call:
TULSI C	(Name of Person)	at (305) 347-2352 (Area Code & Daytime Telephone Number)
Regi Divi Clift 2661	EET/COURIER ADDI stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enc	losed is a check for th	e following amount:
⊠ \$	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 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. Name of the limited liability company: <u> </u>	E WINE GROUP, /LC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 200 CRANDON BUD # 100 KEY BISCAYNE, FL 33149
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1441 BRICKELL AVE # 302 MIANI, FL 33131
05/11/2006 3. Date of filing/registration in Florida	<u>LOGOOO 49117</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CORPORATE CREATIONS NETWORK, INC
Registered Office Address:	11380 PROSPERITY FARMS ROAD # 221E PALM BEACH GARDENS, FL 33410
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	RONALD THOMPKINS
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	500 NW 165" STREET ROAD # 205 HIAMI ,FL 33169-6303
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company (Signature of a member or authorized representative of a member) (Printed or typed name of signee)	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the program familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties and I is registered agent as provided for in Chapter 608, change in the registered office address, I hereby ad in writing of this change.
Pon The mphins (Signature of Registered Agent)	

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