## 080000055317

. (Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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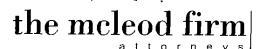


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SECRETARY OF STATE

J. BRYAN
JUN 2 0 2011
EXAMINER



1200 plantation island drive s. suite 140 st. augustine, fl. 32080

June 13, 2011

Florida Department of State Division of Corporations/LLC Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: Cellar 6, LŁC

Document No.: L08000055317

Dear Sir or Madam:

Please find enclosed an executed Resignation of Member, Managing Member or Manager From Florida or Foreign Limited Liability Company, Articles of Amendment to Articles of Organization and a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

Enclosed is a check payable to the Florida Department of State in the amount of \$75.00 representing the filing fee for each of the three documents.

Kindly return a receipt to this office in the envelope provided.

Thank you for your assistance and please contact me if further work or information is required.

Sincerely

Kristina L. Bush, CP

Paralegal to

Robert L. McLeod II

encl.

## 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:	AR le, LLC
	2. (a) Principal office address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)	31. AugustiNe, Fr 32089
	(b) Mailing address of limited liability company:	SAME AS ABOVE
	(Note: MAY BE POST OFFICE BOX)	
	6/4/2008	L08000055317
	3. Date of filing/registration in Florida 4	. Document number
	ne records of the Florida Dept. of State:	
	Registered Agent:	LEONARD A. Rowell
	Registered Office Address:	6 Aviles Street St. Augustine, FL 3208
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Registered Office address:  CRAIG-COLE E  LO AVILLES STREET  St. Augustine, FL 32084
¥	If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the progrand I am familiar with and accept the obligations of my post Chapter 608, F.S. On, if this document is being filed to mere address, thereby confirm that the limited liability company	ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of arganization
X	Signature of Registered Agent	
	Division of Compositions P.O. Poy 622	7 Tallahassas EV 22214