

L08000055317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 20 2011

EXAMINER

the mcleod firm

a t t o r n e y s

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

FILED
11 JUN 17 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Cellar 6, LLC
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.
cc: client

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: CELLAR 6, LLC
2. (a) Principal office address of limited liability company: 6 Aviles Street
(Note: **MUST BE STREET ADDRESS**) St. Augustine, FL 32084
- (b) Mailing address of limited liability company: SAME AS ABOVE
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 6/4/2008
4. Document number: L08000055317
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: LEONARD A. ROWELL
Registered Office Address: 6 Aviles Street
St. Augustine, FL 32084
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: CRAIG COLEE
NEW Registered Office Address: 6 Aviles Street
(**MUST BE FLORIDA STREET ADDRESS**) St. Augustine, FL 32084

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.

X [Signature]
Signature of a member or authorized representative of a member

CRAIG COLEE
Printed or typed name of signer

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 Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X [Signature]
Signature of Registered Agent

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

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JUN 17 AM 11:11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE