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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations							
SUBJECT: HAMEL FAMILY WINES, LLC	HAMEL FAMILY WINES, LLC						
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this r	natter to the following:						
Tamara Surratt							
Name of Person							
Legacy Family Office							
Firm/Company							
23160 Fashion Drive, Suite 227							
Address	······································						
Estero, FL 33928							
City/State and Zip Code							
tsurratt@legacyfamilyoffice.com							
E-mail address: (to be used for future annua	report notification)						
For further information concerning this matter, ple	ease call:						
Tamara Surratt	239 949-1982						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section						
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327						
2661 Executive Center Circle							
Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							
2 \$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 605.0114 or 605.0116, 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.	Na	me of the limited liability company: HAMEL FAMIL	_Y WI	NES, LI	.C	
2. (a)	3560 Fort Charles Drive	(t	(b) 3560 Fort Charles Drive		
`	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		NAPLES, FL 34102	- -	NAPL	ES, FL 34102	
		08/26/2008		L08000	0081479	
3.		Date of filing/registration in Florida	4.		Document number	
5. ((a)	COHEN & GRIGSBY, P.C.				
J	(u)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of S	State:	
		MERCATO - 9110 STRADA PLACE				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u> </u>	
		STE 6200				
		NAPLES ,FL	34108		T JUL	
((b)	GEORGE HAMEL, JR.				
(-	,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		3560 FORT CHARLES DRIVE			PH12: 2	
		NEW Registered Office Address:			<u></u> ယ <u>ကို</u> ယ နို	
		NAPLES FL:	34102			
the ager was the s	cha nt v /we arti gnat	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ure of a member or authorized representative of a member by accept the appointment as registered agent and agree	the regit bility control the lin imited	stered of ompany, nited liab liability of George	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company. Hamel, Jr. Printed or typed name of signee to comply with the	
pro the to m noti	visi obl iere fied	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ly reflect a change in the registered office address, I have been applyed to the proper and complete pigations of the change in the registered office address, I have been applyed to the change.	perform for in ereby o	nance of r Chapter (confirm th	ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been	