

109000113929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800301746528

07/26/17--01021--009 ++25.00

FILED  
2017 JUL 26 PM 4:21  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

JUL 28 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vino Especial Imports 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 matter to the following:

William H Tabone

Name of Person

Vino Especial Imports LLC

Firm/Company

4111 San Pablo Rd S

Address

Jacksonville FL 32224

City/State and Zip Code

bill@playhardertours.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William H Tabone

Name of Person

at 904

910-7009

Area Code & Daytime Telephone Number

**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 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 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. Name of the limited liability company: Vino Especial Imports LLC
2. (a) 4111 San Pablo Rd S  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Jacksonville FL 32224
- (b) 4111 San Pablo Rd S  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Jacksonville FL 32224
3. 11/30/2009 Date of filing/registration in Florida
4. L09000113929 Document number

5. (a) Boyer, Francis M esq  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

9471 Baymeadows Rd  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 404  
Jacksonville, FL

- (b) 32224  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

William H Tabone  
**NEW** Registered Office Address:  
4111 San Pablo Rd S  
Jacksonville, FL 32224

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.

WHT MGRM VETUC  
Signature of a member or authorized representative of a member

William H Tabone MGRM Vino Especial Import  
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 605, 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.

WHT  
Signature of Registered Agent

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

FILED  
2017 JUL 26 PM 4:21  
TALLAHASSEE, FLORIDA  
STATE DEPT. OF STATE