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SECRETARY OF STATE

D. BRUCE DEC 19 2016

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NAPA JOE LLC Name of Lin	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Joseph T. Wewman Name of Person		
Napa Toe, LLC Firm/Company		
Firm/Company		 {
1011 Olive Holl Can Address	<u>u</u>	2016 DEC 16 P 3 17 SECRETARY OF STATE ALLAHASSEE, FLORIDA
Address		HAS E
Napa, CA 94558 City/State and Zip Code	}	SEE.
City/State and Zip Code	**************************************	D 3 -
TTNEWMAN 64 & YAHOU. E-mail address: (to be used for future annual repo	ort notification)	STOP -
For further information concerning this matter, please	call:	
Joseph J. Wewman at (707, 252 4628	
Name of Person	Area Code & Daytime Telephone	e 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 amoun	ıt:	
▼\$25 Filing Fee	□ \$55 Filing Fee & Certified Conv	

INHS18 (2/14)

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: NAPP	HJOE, LLC
2. (a) 10/1 0/1/2 Hill Lane Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 1011 Olive Hill Cane Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Napa CA 94558	Napa, CA 94558
06/07/2010	4. Document number
 Date of filing/registration in Florida (a) Schoen feld, Lowell Sesq. Registered Agent and Registered Office shown on the records of 	
Registered Office Address MUST BE FLORIDA STREET	
(b) Martin Molczyk	,
Enter name of NEW Registered Agent and/or NEW Registered 4-660	FLORIDA
Fort myers, FL 33905	
If the limited liability company is not organized under the law	ws of the State of Florida, it is hereby confirmed that after if the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member	Joseph T. Newman Printed or typed name of signee
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signature of Registered Agent	