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(Re	equestor's Name)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2016

GRANT PIERPONT VINE-CRAFT, LLC 5972 NE 4TH AVENUE MIAMI, FL 33137

SUBJECT: VINE-CRAFT, LLC Ref. Number: L11000051249

We have received your document for VINE-CRAFT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 816A00018581

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COVER LETTER

Division of Corporations						
SUBJECT: Vine - CA	EAFT, LLC Limited Liability Company					
Name of L	Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	nange and fec(s) are submitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
GRANT DIERPONT Name of Person						
Vine-CRAFT, LLC Firm/Company						
5972 NE 4H AVE Address						
Mlami Fl 33137 City/State and Zip Code						
E-mail address: (to be used for future annual re	+ Com port notification)					
For further information concerning this matter, pleas	e call:					
CRANT Pierpost at Name of Person	(786) 401-6489 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					

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. Na	ame of the limited liability company:	e-CR	AFF, LI	c_		
2. (a)	5972 NE 4th Ave Principal office address of limited liability company:	_	5972 Maili	ng address	of limited li	AVE ability company:
	(Note: MUST BE STREET ADDRESS) Minni F/ 33/37	<u> </u>	-	AMI		33/37
3.	Date of filing/registration in Florida			OOOO	5724 umber	19
5. (a)	Registered Agent and Registered Office shown on the records of t					
(b)	Registered Office Address (MUST BE FLORIDA STREET A MIRM: FL GRANT PIERPONT Enter name of NEW Registered Agent and/or NEW Registered SA72 NE 4H AVE	3313	•			TALLAHASSEE, FLORIGATE A 16 AUG 29 PM 4: 44
	NEW Registered Office Address: Miami, FL	33/3				
the cha agent w was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the register bility comp f the limited limited liab	ed office and pany, it is her d liability co ility compan	d the busi reby conf mpany or y.	ness offici irmed that as otherw	ce of the registered at the change(s) wise provided in
Signa	ture of a member or authorized representative of a member	_A	11750N	nted or type	nence of s	ghett.
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I have a change of this change	ee to act in performand I for in Cha iereby conf	this capacity e of my dution opter 605, F.S. irm that the l	es, I furthers, and I c S. Or, if I limited lic	er agree t am famili this docur ability cor	o comply with the ar with and accep nent is being filed npany has been

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

Signature of Registered Agent