L11000055344

(Requestor's Name)					
(Address)					
(Address)					
(Cli	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(DC	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		·			

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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

SEP -5 2012

EXAMINER

COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	·:Chi	ampa	igne l	_ady LLC	
	Name of L	imited	Liabil	ity Company	
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered O	ffice C	Change	and fee(s) are	submitted for filing.
Please retur	rn all correspondence concerning	this ma	atter to	the following:	
					·
Robert M. Morgan					
	Name of Person				
R	obert M. Morgan & Associates,	P.A.		_	
	Firm/Company				
	12428 San Jose Blvd., Suite	1			
	Address				
	Jacksonville, FL 32223				
	City/State and Zip Code				
rmorgan@robertmorganlaw.com E-mail address: (to be used for future annual report notification)					
L'inuit qu	seress for an esca to: rarate mutual tabout ito	IIIIVALIVI	••		
For further	information concerning this matter	r, pleas	se call:		
	Robert M. Morgan	at (904)	854-0410
	Name of Person			trea Code & Daytir	me Telephone Number
STR	EET/COURIER ADDRESS:	MAILING ADDRESS:			
	stration Section	Registration Section			
	sion of Corporations on Building	Division of Corporations P.O. Box 6327			
	Executive Center Circle	Tallahassee, Florida 32314			
	Tallahassee, Florida 32301				
Enclosed is a check for the following amount:					
s :	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 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.

Name of the limited liability company:	Champagne Lady LLC			
2. (a) Principal office address of limited liability company	1049 Shipwatch Drive East			
(Note: MUST BE STREET ADDRESS)	Jacksonville, FL 32225			
(b) Mailing address of limited liability company:	1049 Shipwatch Drive East			
(Note: MAY BE POST OFFICE BOX)	Jacksonville, FL 32225			
05/10/2011	L11000055344			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	Tony L. Ingram			
Registered Office Address:	1049 Shipwatch Drive East 70 70 Jacksonville, FL 32225 70 70 70 70 70 70 70 70 70 70 70 70 70			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	Robert M. Morgan			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Robert M. Morgan & Associates P. A. 12428 San Jose Boulevard, Sdife 1 Jacksonville FL 32223			
If the limited liability company is not organized under the leconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization			
Signature of a member or authorized representative of a member				
Tony L. Ingram Printed or typed name of signee I hereby account the appointment on registered agent and a	-			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. De if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to got in this capacity. I further defect of proper and complete performance of my duties, lition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.			
Signature of Registered Agent				

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