Division of Corporations



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Division of Corporations Fax Number : (850)617-6383

From:

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Account Name : REGISTERED AGENTS INC. Account Number : 12009000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE

CULIVINO, LLC

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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.

l. Na	me of the limited liability company: CuliVino,	LL(<u> </u>	·····		
2. (a)	1922 Felch Ave		_(b) 1922 Fe	elch Ave		
- (u) <u>-</u>	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	JACKSONVILLE, FL 32207		JACKSOI	NVILLE, FL 32207	,	
	08/15/2012		L120001	05386		
3.	Date of filing/registration in Florida	4.	[Document number		
5. (a)	LEGLER, MITCHELL W					
(,	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of State:			
	1431 RIVERPLACE BLVD., #910				21	
	Registered Office Address (MUST BE FLORIDA STREET -	ADDRE	<u>\$\$\$)</u>		2020 JUN	
	JACKSONVILLE	322	70			
(b)	Northwest Registered Agent L	LC			PH I:	, 1 1
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:	, 	្រ . 58	
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	337()2			
the cha agent w was/we	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 li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the re ability of the l limite	gistered office company, it is imited liability	and the business offic hereby confirmed tha company or as othery pany.	t the char	egistered
 Signat	ure of member or authorized representative of a member		•	Printed or typed name of a	signee	
	and a second		antin dia anno	ain I further apres	a annah	with the

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.

Love Glover - Assistant Secretary 01

Signature of Registered Agent

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