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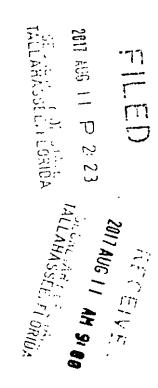
(Requestor's Name)			
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COVER LETTER

TO: Registration Section Division of Corporations				
Hammock Wine and Cheese SUBJECT:	e, LLC			
	ne of Limited L	iability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing		
Please return all correspondence concerning th	is matter to the	following:		
Stephen Gallagher				
Name of Person				
Hammock Wine and Cheese LLC				
Firm/Company				
5368 N Oceanshore Blvd				
Address				
Palm Coast, FL 32137			281 52.	
City/State and Zip Code			2817 AUG	
hammockwinebar@gmail.com			λ 33 Γ	
E-mail address: (to be used for future ann	iual report notif	fication)		
For further information concerning this matter,	please call:		22 2	フ
Stephen Gallagher	646 at (204-7610	5m 13	
Name of Person	"' \	Area Code & Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327			
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

l. N	ame of the limited liability company: Hammock	Wine and Che	ese LLC
		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/29/2012		000134368
3.	Date of filing/registration in Florida	4.	Document number
5. (a	、Carolyn Mathis		•
). (a	Registered Agent and Registered Office shown on the records		. of State:
	Registered Office Address (MUST BE FLORIDA STREET 5368 N Oceanshore Blvd	ET ADDRESS)	
	Palm Coast	FL_32137	2811
(b)	Stephen Gallagher		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Office address:	in U
	NEW Registered Office Address:	<u>-</u>	
	5368 N. Oceanshore Blvd		(2 J
	Palm Coast	FL_32137	
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the operating agreement	of the registered I liability compa rs of the limited the limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
		Stephei	n Gallagher
I here provis the ob to mei	aute of a member or authorized representative of a member why accept the appointment as registered agent and a cions of all statutes relative to the proper and completigations of my position as registered agent as provingly reflect or change in the registered office address, and in writing of this change.	agree to act in the ete performance ided for in Chap, I hereby confiri	Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been