

L150000015414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

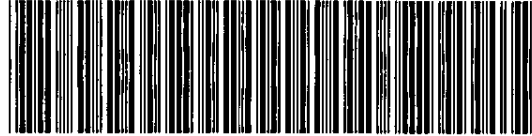
(Business Entity Name)

(Document Number)

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15 APR 28 PM 12:31
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TALLAHASSEE FL 09107

428-15
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4-3-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2015

UGO V. CHIARATO
CERTIFIED PUBLIC ACCOUNTANT
2125 BISCAYNE BOULEVARD-SUITE 580 A
MIAMI, FL 33137

SUBJECT: VENETO WINE CONNECTION, LLC
Ref. Number: L15000015414

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida Limited Liability Company.

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

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 515A00006697

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TALLAHASSEE, FLORIDA

CEIVED
15 APR 28 AM 7:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VENETO WINE CONNECTIONS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ugo V. Chiarato
Certified Public Accountant
Florida & New York States
2125 Biscayne Boulevard - Suite 580 A
Miami, Florida 33137

Firm/Company

Address

City/State and Zip Code

UGO @ UGOCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

UGO V CHIARATO CPA at (305) 899.5099 FAX (305) 899.5095
Name of Person FLA. & NY Area Code & Daytime Telephone Number
NEW YORK

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)

ALREADY PAID \$35-
PLEASE REFUND DIFFERENCE THANK REGARDS

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15 APR 28 PM 12:31
STATE OF FLORIDA

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: VENETO WINE CONNECTIONS LLC

2. (a) 2125 BISCAYNE BOULEVARD 580 A (b) 2125 BISCAYNE BLVD 580 A

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

MIAMI FLORIDA 33137

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

MIAMI FLORIDA 33137

3. 01/26/2015
Date of filing/registration in Florida

4. L 15000015414
Document number

5. (a) UGO V CHIARATO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10432 CYPRESS LAKE PRESEAVE DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ESCOBAR HENRY

LAKE WORTH FL 33449, FL 33449

Ugo V. Chiarato
Certified Public Accountant
Florida & New York States

2125 Biscayne Boulevard - Suite 580 A
Miami, Florida 33137

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Ugo V. Chiarato
Certified Public Accountant
Florida & New York States
2125 Biscayne Boulevard - Suite 580 A
Miami, Florida 33137

_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

HENRY ESCOBAR GITEZZO ANGELA
Printed or typed name of signee

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.

U.V. Chiarato FEBRUARY 24, 2015
Signature of Registered Agent