L150000 67458

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Stanless Link, Name,							
(Document Number)							
(Bocument Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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04/18/22--01060--004 **25.00



of 10/2022

COVER LETTER ,

	Registration Section Division of Corporations	. . • • • •						
SUBJEC	ARTE VINO, LLC Name of Limited Liability Company							
Dear Sir	or Madam;							
The enclo	osed Registered Agent/Registered Office Cha	nge and fec(s) are submitted for filing.						
Please re	turn all correspondence concerning this matte	r to the following:						
WE>	MARCO UPERI Name of Person ARTE VINO, LIC Firm/Company 25th STREET UNIT # Address T PALM BEACH, FL 3340 City/State and Zip Code ARTEVINOUSA PAMAIL - Contail address: (to be used for future annual report	7						
For further information concerning this matter, please call:								
MA	Name of Person at (_	561) 410-4646 Area Code & Daytime Telephone Number						
R E P	Aailing Address: Registration Section Division of Corporations 2.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following amount:								
	\$25 Filing Fee	S55 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. Name of the limited liability company:	ARTE	VINO,	LLC	· -		
2. (a)		(b)				
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
1118 25th STREET UNI	T4_					
WEST PALM BEACH, FL 33	407			<u> </u>	<u> </u>	
04/17/2015			L1500006	7458		
3. Date of filing/registration in Florida	1	4.	Document n	iumber		
5. (a) DARREN MARZEUA						
Registered Agent and Registered Office shown on the	records of the	: Florida Dept. c	of State:			
Registered Office Address (MUST BE FLORIDA	STREET AD	DRESS)		202		
1118 25th STREET UNIT	- 4			2022 APR	- 12	
WEST PHAM BEACH		33407	<u> </u>		e ·	
	,			<i>∞</i>	:	
(b) MARCO VPERI				PH	g å. en mårtt	
Enter name of NEW Registered Agent and/or NEW I	Registered ()	ffice address:		13.1.1. 10:1 Hd		
				07		
NEW Registered Office Address:						
1118 25th STREET UNIT 4	_					
WEST PALM BEACH	, FL	33407				
If the limited liability company is not organized und	er the laws	of the State of	of Florida, it is her	reby confirmed	that after the	
change or changes are made, the Florida street addre agent will be identical. Or, in the case of a Florida li	ess of the re	gistered offic	ce and the busines	s office of the re	egistered	
was/were authorized by an affirmative vote of the m	embers of t	he limited liz	ability company o			
the articles of organization or the operating agreeme		nited liability				
Signature of a member or authorized representative of a mem			MALCO	ed name of signee		
1 /					, , ,	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c the obligations of my position as registered agent as to merely reflect a change in the registered office ad notified in writing of this change.	t and agree complete pe provided fi ldress, I hei	to act in this rformance of or in Chapter reby confirm	e capacity. I furth f my duties, and I i r 605, F.S. Or, if that the limited lid	er agree to comp am familiar with this document is ability company	ply with the n and accept heing filed has been	
Signature of Registered/Agent						
and and the state of the state						

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