

L16000053877

To: Division of Corporations Page 1 of 3

2017-11-21 18:13:52 (GMT)

19043399504 From: ADVOS legal pllc

11/21/2017

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : ADVOS LEGAL PLLC
Account Number : I20150000090
Phone : (904)567-5311
Fax Number : (904)339-9504

2017 NOV 21 PM 1:22 **Enter the email address for this business' entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: cole@advoslegal.com

LLC REGISTERED AGENT CHANGE
VIN VOYAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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17 NOV 21 AM 8:21
STATE OF FLORIDA
TALLAHASSEE

J. LEGGETT
NOV 22 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIN VOYAGE, 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:

Whitney Harper

Name of Person

ADVOS legal pllc

Firm/Company

5000 Sawgrass Village Circle, Suite 7

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

whitney@advoslegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Whitney Harper

at (904)

567-5311

Name of Person

Area Code & Daytime Telephone Number

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)

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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.

1. Name of the limited liability company: VIN VOYAGE, LLC :

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

449 Grant Ave250 S 17th st #1500Satellite Beach, FL 32937Philadelphia, PA 1910303/16/2016L160000538773. Date of filing/registration in Florida4. Document number5. (a) Michael S White

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)1612 Kingswood RdJacksonville, FL 32207(b) ADVOS legal pllcEnter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Office Address:5000 Sawgrass Village Circle, Suite 7Ponte Vedra Beach, FL 32082

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.

Michael White
Signature of a member or authorized representative of a member

Michael White

Printed or typed name of signer

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.

Michael White
Signature of Registered Agent

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

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