1160000 97991

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





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C. GOLDEN FEB 1 3 2019

COVER LETTER

TO:	Registration Section Division of Corporations							
SHRI	The inquisitor wine company LLC							
5000	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The en	nclosed Registered Agent/Registered Offi	ce Chan	ge and fee(s) are submitted for filing.					
Please	return all correspondence concerning thi	s matter	to the following:					
Sylvi	a Errington							
-	Name of Person							
The	Inquisitor wine company LLC							
	Firm/Company							
1260	9 Broleman Road							
	Address							
Orlar	ndo Florida 32832							
	City/State and Zip Code							
Laura	a@theinquisitorwine.com							
	E-mail address: (to be used for future ann	ual repoi	rt notification)					
For fu	rther information concerning this matter,	please c	all:					
Laura Fletcher		at (3212399071					
	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					

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: The inquisitor	wine c	ompany	LLC
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12609 Broleman Road		same	
	Orlando Florida 32832	_		
3. 5. (a)	05/19/2016		L160000	097991
	Date of filing/registration in Florida 5/19/2016	4.		Document number
(,	Registered Agent and Registered Office shown on the records of the Rene Hofmann	nte:		
	Registered Office Address (MUST BE FLORIDA STREET A 14224 Sport Club Way	2019 FEB		
	Orlando . FL	32837		FEB -6
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	-6 PH 6: 39		
	NEW Registered Office Address:			_
	12609 Broleman Rd		····	
	Orlando, FL_	32832		_
the charagent was/we the articles Signate I hereb provision the oblit to mere	mited liability company is not organized under the law nge or changes are made, the Florida street address of tail be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the law are of a member or authorized representative of a member by accept the appointment as registered agent and agreements of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	the regis bility co the lim imited I Sim	stered officimpany, it ited liability co on Erringin this ca.	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. gton Printed or typed name of signee pacity. I further agree to comply with the

Signature of Registered Agent