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COVER LETTER

TO:	Registration Section Division of Corporations	, .	•					
SUBJI	BOSTONVINES, LLC	•						
	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to	the following:					
DANI	ELLE CLARK							
	Name of Person							
BOST	ONVINES, LLC							
·- <u></u>	Firm/Company	· · · · · ·						
13681	FISH EAGLE DR W							
	Address		·					
JACK	SONVILLE, FL 32226							
	City/State and Zip Code							
	ELLEDELAURA@GMAIL.COM							
E-	mail address: (to be used for future ann	ual report n	otification)					
For furt	her information concerning this matter,	please call:						
DANIE	ELLE CLARK	860	705-0135					
	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	0	\$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.

1.	Na	ame of the limited liability company: BOSTONVINI	ES, LLC	
2.	(a)	13681 FISH EAGLE DR W	(b) 136	681 FISH EAGLE DR W
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		JACKSONVILLE, FL 32226	JAC	CKSONVILLE, FL 32226
		11/01/2017	L170	00226029
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	UNITED STATES CORPORATION AGENTS	S, INC.	
	` ,	Registered Agent and Registered Office shown on the records of the	he Florida Dept. o	of State:
		13302 WINDING OAK COURT		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
		<u>A</u>		
		TAMPA	33612	
(b)	DANIELLE CLARK		18 OCT 15 PH 9: 5-
·		Enter name of NEW Registered Agent and/or NEW Registered (Office address:	<u> </u>
		13681 FISH EAGLE DR W		PH 9: 5~
		NEW Registered Office Address:	·	—————————————————————————————————————
				
		JACKSONVILLE , FL_	32226	
agen was/ the a	wer wer	Can L	he registered on The limited liable to the limited liable to the limited liable to the limited liable to the liabl	office and the business office of the registered; it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
		re of a member or authorized representative of a member		Printed or typed name of signee
the o	bliş ?rel	vaccept the appointment as registered agent and agree ins of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act in this erformance of for in Chapter reby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Signa	iture	of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00