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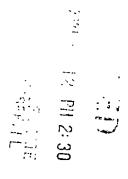
(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
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07/12/21--01015--006 **425.00



COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	T: Name of Limited Liability Company						
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered	Office Chan	ge and fe	ee(s) are submitted for filing.			
Please 1	return all correspondence concernin	g this matter	to the fo	llowing:			
CHRIS'	ГОРНЕR A. DISCHINO, ESQ.						
	Name of Person			_			
DISCH	INO & SCHAMY, PLLC						
	Firm/Company						
4770 BI	ISCAYNE BLVD SUITE 600						
	Address			_			
МІАМІ	, FL 33137						
	City/State and Zip Coo	de		_			
ADMIN	N@DSMIAMI.COM						
Е	-mail address: (to be used for future	annual repor	rt notifica	ation)			
For furt	ther information concerning this ma	tter, please c	all:				
HEATH	HER LEIGH	78 at (66	581-2542			
	Name of Person	(Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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 follow	ving amount	:				
	■ \$25 Filing Fee	\$25 Filing Fee \$\square\$ \$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. N	ame of the limited liability company: BODEGA WPB.	LLC				
		(b)_				
2. (a)	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) 1501 COLLINS AVENUE, SUITE 208			
	118 CLEMATIS STREET	i				
	WEST PALM BEACH, FL 33401		MIAMI BEACH, FL 33139			
	01/27/2021	L2	1000049882			
3.	Date of filing/registration in Florida	4.	Docum	ent number		
5. (a)						
. (a,	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:			
	DISCHINO & SCHAMY, PLLC					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	2511 S. DIXIE HWY, SUITE C					
	WEST PALM BEACH	 L_33401				
		<u> </u>				
(b)				- : ! !		
	Enter name of NEW Registered Agent and/or NEW Registered	<u>:55</u> :	PH 2:			
				3		
	NEW Registered Office Address:			·		
	4770 BISCAYNE BLVD., SUITE 600		<u> </u>			
	MIAMI	33137				
	, r)	L				
change agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	eregistered ability comp of the limite	office and the bu pany, it is hereby d liability compa	siness office of the registered confirmed that the change(s)		
	d	Christo	pher A. DiSchino.	Authorized Representative		
Signe	mire member or authorized representative of a member		Printed	or typed name of signee		
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dip writing the change.	ree to act in performanced for in Cha hereby conf	this capacity. I re of my duties, i pter 605, F.S. (irm that the limit	further agree to comply with the and I am familiar with and accept Or, if this document is being filed ted liability company has been		
Signati	ire of Registered Avent					