Florida Department of State 368 Distriction of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CRAPE TRADITIONS LLC

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Corporate Filing Menu

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MAY 01 2024 K. Brumbley

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.

Na	me of the limited liability company: Grape Traditions	LLC ———		
(a)	5912 SHELL RIDGE DRIVE	(b)	SHELL RIDGE DRIVE	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	LITHIA, FL 33547	LITH	11A, FL 33547	
	05/01/2024	L2300	0162398	
	Date of filing/registration in Florida	4.	Document number	
(a)	LEGALINC CORPORATE SERVICES INC.			
(a) (b)	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	the Florida Dept. c	of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
	JACKSONVILLE , FL	32202	202	
	Corporate Creations Network Inc.		2024 HAY	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	801 US Highway I		P	
	NEW Registered Office Address:		7: 22	
	North Palm Beach , FL	33408		
inge int w s/wc	mited liability company is not organized under the law or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office bility company f the limited lia	ce and the business office of the registered (, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
1	strella Tavarez	Estrella Tav	varez, Attorney-in-Fact	
	ure of a member or authorized representative of a member		Printed or typed name of signee	

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.

Signature of Registered Ageny