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(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
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707 SEP 17 PN 1:37

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SOUTH BAY WINE GROUNG (Name of Limit	JP LLC ted Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Amy Purdy (Name of Person)			
National Registered Agents, Inc. (Firm/Company)			
11600 College Blvd, Ste 210			
(Address)			
Overland Park, KS 66210			
(City/State and Zip Code)			
For further information concerning this matter, p	elease call:		
	(800) 550-6724		
(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 ar	nount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

402 000

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited lia	bility company is: SOUTH	BAY WINE GROUP LLC	- 	 -
2. The mailing address of the				
<u> </u>		SANTA ROSA CA 95407		
03/13/2000		M00000000547		
3. Date of filing/registration is	n Florida	4. Document number		
5. The name of the registered a Florida Department of State	ngent and the registered offi	ce address as shown on the r	ecords of	the
CO	RPORATION SERVICE COM Name	PANY		
_120	1 HAYS STREET Address			
TAL	LAHASSEE FL 32301-2525 L	IS	<u> </u>	
- m	City, State and	•		997 SEP 17 PM 1:3
6. The name and address of the	e new registered agent and/o	or office:	- 200 ²⁰⁰	-
NRA	l Services, Inc.			<u>ئ</u> ئ
	Name			<u> </u>
<u>273</u> -	Executive Park Drive, Sulte		الحادث الأسامي المحادث الأسام	
Fic	rida street address (P.O. Bo	x NOT acceptable)		: 37
- Wes	tonFL 333	31	_	
	City, State and 2	Cip		
If the limited liability company confirmed that after the change and the business office of the r liability company, it is hereby of the members of the limited or the operating agreement of the limited of the member of a member or authorized reconstruction.	or changes are made, the Fegistered agent will be iden confirmed that the change(s liability company or as other he limited liability company.	lorida street address of the ratical. Or, in the case of a Fic) was/were authorized by an rwise provided in the article	egistered rida limi: affirmati	office ted ve vote
CHRIS M. N	loble			
(Printed or typed name of signec)				- 1
(Signature of Registered Agent) Amy Purdy, Assistant Secretary	Corporations, P.O. Box 63	27, Taliahassee, FL 32314	I further nce of my provided egistered g of this c	agree to duties, (for in office hange.
	FILING FEE: \$	25.00		

ANT TAL TAL TAINT TUT ATABLAGARA