m02 00000000 43

211 W	k Wine Service /apoc, Suite 20 oga, CA 94515	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
		A 29
	Office Use On	



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BEER & WINE SERVICES, INC.

211 Wapoo, Suite 202 Calistoga, CA 94515 Phone (707) 942-6911 Fax (707) 942-9435 andreagra@aol.com

April 20, 2005

Florida Secretary of State Division of Corporations/LLC PO Box 6327 Tallahassee, FL 32314

RE: W.H. Smith Wines, LLC / Document #M02000000043

Dear Sir or Madam:

My above-mentioned client is changing their Registered Agent in Florida, and I am enclosing the following in order to do so:

- Statement of Change form for LLC
- Check in the amount of \$25.00

If you should have any questions regarding this, please contact me directly at (800) 788-0212.

Sincerely,

Office Manager

Out of State Compliance

Enclosure

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

Pursuant to the provisions of sections 608.416 or liability company submits the following statement is agent, or both, in the State of	508.508, Florida Statutes, the undersigned limited n order to change its registered office or registered		
1. The name of the limited liability company is: W. H. SMITH WINES, LLC			
2. The mailing address of the limited liability company is 211 WAPOO, STE. 202,			
CALISTOGA, CA 94515			
1/02/2002	M02000000043		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered Florida Department of State:	l office address as shown on the records of the		
CORPORATION SERVICE	COMPANY		
Name			
1201 HAYS STREET			
Address TALLAHASSEE, FL 32301-2525			
City, State and Zip			
6. The name and address of the new registered agent a	and/or office:		
FINEST WINES INTERNATIONAL, TAC			
Name			
1212 N. 39TH STREET, SUITE 408			
Florida street address (P.O	O. Box NOT acceptable) 33605 and Zip		
	33605		
City, State a	and Zip		
If the limited liability company is not Organized under confirmed that after the change or changes are made, and the business office of the registered agent will be identiability company, it is hereby confirmed at the change the members of the limited liability company or as off the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	r the laws of the State of Florida, it is hereby the Florida street address of the registered office nical. Or, in the case of a Florida limited oge(s) was were authorized by an affirmative rote of nerwise provided in the articles of organization or ny.		
JOAN A. SMITH - MANAGER / MEMBER (Printed or typed name of signee)			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	nd agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office ompany has been notified in writing of this change		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

(Signature of Registered Agent)

~ Darrett

FILING FEE: \$25.00