M0400000 5466

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
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C. GOLDEN FEB 2 0 2019

COVER LETTER

SUBJECT: CHERRY HILL VINEY 14RD LLC (Name of Alicn Business Organization)					
(Name of Alien Business Organization)					
Dear Sir or Madam:					
The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MIRHAEL Sweeney (Name of Person)					
CHRRRY HILL VINEYARD LLC (Firm/Company)					
10236 DITCH ROAD (Address)					
CARMEL TND(ANA 4403Z (City/State and Zip Code)					
For further information concerning this matter, please call:					
TANET Sweeney at (317) 432-2817 (Name of Person) (Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Division of Corporations					

P.O. Box 6327

Tallahassee, Florida 32314

□\$43.75 Filing Fee & Certified Copy

\$35.00 Filing Fee

Clifton Building

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

TO:

Registration Section Division of Corporations



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2019

MICHAEL SWEENEY 10236 DITCH ROAD CARMEL, IN 46032

SUBJECT: CHERRY HILL VINEYARD LLC

Ref. Number: M0400005466

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 219A00000692

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

1 107 144.					
1. Name	e of the limited liability company: C He RR	Y 1+1	LL VINEYAR	o LLC	
2. (a) <u>(</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 10234 Ditch Road		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)		
_	CARMEL IN 46032		M040000	005466	
3.	Date of filing/registration in Florida	4.	Document nu	ımber	
5 (a)	CORPORATE ACCESS 11	IC			
	gistered Agent and Registered Office shown on the records of th		pt. of State:		
	236 EAST GEN AVENU	E			
Re	egistered Office Address (MUST BE FLORIDA STREET AL				
				20	
_	TALLAHASEE ,FL	323	315-7066	FILED 2019 FEB 19 PM 2:	
(b)	JULIA SWEENEY			5	
· , —	nter name of NEW Registered Agent and/or NEW Registered C	Office addre	<u>55</u> :	SSE PH	
_	JULIA SWEENLY			1 2: 54	
N	EW Registered Office Address:				
	9001 PALM KEY A	se			
_	OLDSMAR ,FL	346	77		
the change agent will was/were	ited liability company is not organized under the laws e or changes are made, the Florida street address of to be identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of es of organization or the operating agreement of the liab	he register cility com the limite	red office and the busi pany, it is hereby confi d liability company or pility company.	ness office of the registered irmed that the change(s) as otherwise provided in	
M	ILS		MICHAEL	Sweenex d name of signec	
Signature	of a member or authorized representative of a member		Printed or type	d name of signec	

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 Agent