M0700000379

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations					
* The control of Corporations					
SUBJECT: Epicurean Wines	CT:	*, 1 **	133. 6	NAME OF THE OWNER O	8
(Name	of Lir	mited Li	ability Company)		
				٠	
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office	change	e and fee(s) are submitted	I for filing.	
Please return all correspondence concerning	g this 1	matter to	the following:		
Chalaina Bak					
Shelaine Roth (Name of Person)					
,				₹.	
Epicurean Wines				EEC JEE	
(Firm/Company)				JUN RETA	
				1-2 ARY SSEI	
811 1st Ave, Suite 525				E D	M
(Address)				왕 S 와	D
				42 108	
Seattle, WA 98104 (City/State and Zip Code)			<u>·</u>		
(City/State and Zip Code)					
	_				
For further information concerning this mat	iter, pl	ease cal	l:		
Shelaine Roth (Name of Person)	at ((4 700) <u>923-1376</u> Code & Daytime Telepho	ana Numbar	
(Name of Ferson)		(Alea	Code & Daytime Telepho	one Number)	
STREET/COURIER ADDRESS:		2.7	AH ING ADDDECC.		
Registration Section		MAILING ADDRESS: Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301		_ _	,		
Enclosed is a check for the followi	ing am	ount:			
✓ \$25 Filing Fee			55 Filing Fee & Certified	Copy	

INHS18 (5/08)

May, 27, 2006 1:23PM

No. 7089 P. 2

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. Name of the limited liability company: Epicurean	Wines		8
2. (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	ny: 811 1st Ave. Sulte 525 Seattle, WA 98104		⊡ ₽
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		SECRETARIA JUNIO	
January 19, 2007	M07000000379	-2 SSEE	
3. Date of filing/registration in Florida5. (a) Registered Agent and Registered Office shown or	4. Document number the records of the Florida	Log w	
Registered Agent:	Jesse Berger		
Registered Office Address:	5331 NW 26th Circle Bocs Reton, FL 33498		b
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office add	dress:	
NEW Registered Agent:	Stacole Fine Wines		5
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1003 Clint Moore Rd		
	Boca Raton	n,FL 33487	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the charge confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company. (Signature of a member or authorized representative of a member)	et address of the registered	d office and the husiness	đ
Cindy Kosiancit (Printed or typed name of signee)	_		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the promision familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited tiability company has been notified.	agree to act in this capacil oper and complete perform and segistered agent as pr change in the registered of d in writing of this change	ty. I further agree to mance of my duties, and l oyided for in Chapter 608 office address, I hereby	, },
(Signature of Registered Agent)			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00