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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Email Address: lyz@vintnersaccounting.com

## LLC REGISTERED AGENT CHANGE RONEY CONCESSIONAIRE, LLC

Certificate of Status	0
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B. BOSTICK

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JUN 28 2011

EXAMINER

## Fax Audit#-4110001673713

## 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:Roney Conces	sionaire, LLC
2. (a) Principal office address of limited liability company	y: 205 Concourse Blvd.
(Note: MUST BE STREET ADDRESS)	Santa Rosa, California 95403-8258
(b) Mailing address of limited liability company:	205 Concourse Blvd.
(Note: MAY BE POST OFFICE HOX)	Santa Rosa, California 95403-8258
9/21/2009	M09000003744
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET. TALLAHASSEE FL 32301-2525
·	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
(MOST DE LEGISTA STREET ARRAMAN)	Plantation ,FL33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	Torida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	AH U
Patrick Roney, Member	
Printed or typed name of signed  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property of I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company with the limited liability company of the property of the statute of registered Agents Williams, AVP, C. T. Corporation Symptometric of registered Agents Williams, AVP, C. T. Corporation Symptometric of registered Agents Williams, AVP, C. T. Corporation Symptometric of registered Agents Williams, AVP, C. T. Corporation Symptometric of registered Agents Williams, AVP, C. T. Corporation Symptometric of registered agent and accept the obligations of the province of the control of the province of the control of the province of the control of the province	

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

INHS18 (05/08)

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