Florida Department of State 1268

Division of Compression Short

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To:

Division of Corporations

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From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE
THE VINE DIRECT AGENCY, LLC

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7/26/18, 11:43 AM

STATEMEN'T 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. Na	me of the limited liability company:THE VINE D	IREC	ΓAGEN	CY, LLC
2. (a)	Principal office address of limited liability company. (Note: MUST RE STREET ADDRESS)	,	6600 C	ORPORATE CENTER PARKWA ailing address of Immed linbility company. (Note: MAY BE POST OFFICE BOX)
	JACKSONVILLE. FL 32216		JACKS	SONVILLE, FL 32216
	02/14/2017		M1	7000001268 2 %
3.	Date of filing/registration in Florida	4.]	Document number
5. (a)	CORPORATION SERVICE COMPANY	·		福25
` '	Registered Agent and Registered Office shown on the records of the			
	1201 HAYS STREET			T. J. 2
	Registered Office Address (MUST BE FLORIDA STREET AD	DRPSS)		5 5
			-,	
	TALLAHASSEE ,FL 3	32301.	2525	7
	, PL	<u> </u>		
(b)	Corporate Creations Network Inc.			
	Enter name of NEW Registered Agent and/or NEW Registered ()	tfice addr	557;	
	11380 Prosperity Farms Road #221E			
	NEW Registered Office Address.			
	VEW REGISCIES OTHER REGISSS.			
				
	Palm Beach Gardens FL 3	3410		
the cha agent v was/wo	mited liability company is not organized under the laws age or changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization of the operating agreement of the li	he registe ility con the limit mited lia	ered office spany, it is ed liability bility com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
		Cait		S, Attorney-in-Fact Printed or typed name of signed
	ure of a member or authorized representative of a member			•••
provisi the obli to mere notified	ny accept the appointment as registered agent and agree ons of all statute, relative to the proper and complete p igations of my position as registered agent as provided by reflecting change in the registered office address, I he I in writing of this change.	e to act i erjorman for in Ch reby con	n this capa nce of my d napter 605, ifirm that t	city. I further agree to compry with the valles, and I am familiar with and accept F.S. Or, if this document is being filed he limited hability company has been
Signatu	Caitlin Lazarus, Spec	cial Se	cretary	
NHS18 (2/	Division of Corporations P.O. Bo FILING FE			ree. FI. 32314