Calistoga, CA 94515 Fee to file RA Change, 00685 - 00524-00671 Phone (707) 942-6911 Fax (707) 942-9435 August 3, 2000 HLM m99-371 State of Florida Secretary of State 409 E Gaines Street Tallahassee, FL 32399 Re: Change of Resident Agent for Collier Falls Vineyards LLC Dear Sir or Madam: Please change in your records the name and address of the resident agent for the above mentioned client. The Change of Registered Agent form is enclosed. The following information is the new and old resident agent. If you should have any questions regarding this change, please contact me directly at (800) 788-0212. 200003511322 12/22/00--01026 Sincerely, \*\*\*\*\*25.00 \*\*\*\*\*25.00 Elizabeth Hamamoto Licensing Manager **Enclosures** 



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 1, 2000

ELIZABETH HAMAMOTO BEER & WINE SERVICES, INC. 211 WAPOO, SUITE 202 CALISTOGA, CA 94515

SUBJECT: COLLIER FALLS VINEYARDS, LLC

Ref. Number: M99000000371

We have received your document for COLLIER FALLS VINEYARDS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

The fee to change the Registered Agent is \$25.00.

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) 487-6967.

Letter Number: 300A00061009

Michelle Hodges Document Specialist

District of Comparations D.O. POY 6327 Tollahassaa Florida 32314

## 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.

,	<b>.</b>					
1. The name of the limit	ed liability company is:	CC	DLLIER FALLS VINEYA	RD LLC		
2. The mailing address of	of the limited liability co	mpany i	s: <u>9931 W DRY CRE</u>	K RD		
		-	HEALDSBURG, CA			
3/15/99			<b>Y00000000</b>			
			<u>M9900000371</u>			
3. Date of filing/registration in Florida			4. Document num	ber		
5. The name of the registration Florida Department of	ered agent and the registe State:	ered off	ice address as shown or	n the recor	ds of	the
-	CORPORATION	SERVIC	E CO	-		
		Name			•	
	1201 HAYS ST	[				
	$\tilde{I}$	Address				
	TALLAHASSEE,	FL 3	2301	***	8	مين جيون ڏي
	•		•		0	7
6. The name and address	of the new registered ago	ent and/	or office:		00 DEC 21	Same of the same o
-	RON COLLIER				2	The second secon
		<u> </u>			-0	
South	C/O ABEL, BAND, RUS	SEEL,	COLLIER, PITCHFORD	&-GORDON	PM 2:	
, ,	Florida street address		ov NOT occoptable)		 C)	
	1 tottua stroct address	(г.О. Б	ox 1401 acceptable)	,	7	5
	SARASOTA	FL	34236			3
•	City, Sta	ate and	Zip	•		
If the limited liability con confirmed that after the cland the business office of liability company, it is here the meaniners of the limite	nange or changes are may the registered agent will reby confirmed that the c d liability company or as	de, the less than de less than	Florida street address of	the register	ered (	office red
the operating agreement o	f the limited liability cor	mpany.	-	J		
(Signature of a member or authori	ized representative of a member)		<del></del>			
DADDY COLLEGE MAI	NI A CITATICI DATEMATOTETO					
BARRY COLLIER, MAI (Printed or typed name of signee)				•		
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)		ent and of the proof my point of my point of the my compar	agree to act in this cape roper and complete per osition as registered ag erely reflect a change i ty has been notified in v	icity. I fur formance of ent as prov 1 the regist vriting of t	ther of my vided tered his c	agree to duties, for in office hange.
(0						

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