Na1000005855

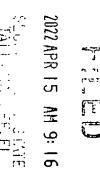
(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
<u> </u>			





200385522772

04/15/22--01003--015 **25.00 04/15/22--01003--016 **10.00



cf 5/22/2022

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: PURPLE VINE REFUGE, INC. Name of Corporation		
DOCUMENT NUMBER: N21000005855		
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
LOVELY MARIUS		
Name of Contact Person		
Purple Vine Refuge Inc		
Firm/Company		
20200 W DIXIE HWY STE 902		
Address		
AVENTURA, FL 33180		
City/State and Zip Code		
PURPLEVINEREFUGEINC@GI	MAIL.COM	
E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this matter, pleas	se call:	
Lovely Marius	at (877) 630 - 6382	
Name of Contact Person	at (877)630 - 6382 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Dep	partment of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is	sions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sto s submitted for a corporation organized under the laws of the State of hange its registered office or registered agent, or both, in the State of Flo	PLOKIDA	S A	
1. The name of the co	orporation: PURPLE VINE REFUGE, INC			
2. The principal office AVENTURA, FL 3318	e address: 20200 W DIXIE HWY STE 902 80			
2. The mailing address	ss (if different): 20200 W DIXIE HWY STE 902AVENTURA, FL 33180			
4. Date of incorporati	ion/qualification: 04/13/2021 Document number: N2100000	5855		-
5 The name and stree	et address of the current registered agent and registered office on file with tof State: (If resigned, enter resigned)			
NO	RTHWEST REGISTERED AGENT LLC			
790	1 4TH ST N STE 300	WI. 1911S	2022 APR	era:
ST	PETERSBURG, FL 33702		1972 I	. 7
6. The name and stre (if changed):	eet address of the new registered agent (if changed) and /or registered off	ice,	15 AM 9: 11	
LC	OVELY MARIUS	PS	9: 1	•
202	200 W DIXIE HWY STE 902	rri	6	
	P.O. Box NOT acceptable			
	ENTURA, FL 33180	-		
The street address of as changed will be i	of its registered office and the street address of the business office of its identical.	s register	ed agent	
Such change was at authorized by the bo	uthorized by resolution duly adopted by its board of directors or by an oard, or the corporation has been notified in writing of the change.	officer so)	
ioul	LOVELY MARIUS Printed or typed name and ti	ile		
	I want and among to get in this capacity		efor m ani	υρ
I furthér agrée to co of my duties, and I document is being f corporation has bee	appointment as registered agent and agree to act in this capacity, omply with the provisions of all statutes relative to the proper and con am familiar with and accept the obligation of my position as registere filed merely to reflect a fluorise in the registered office address, I herel en natified in writing of this shappe.	d agent. by confirm	Or, if th n that th	is
- NO A	re of legistered Again Date	_,		
If signing on behalf	f of an entity.			
LOVELY MARIUS				
Typed	or Printed Name			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314