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DIVISE TARY OF STATE

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI	ECT: TEQUILA BAY LIQUORS, INC.	poration)			
	(ivame of Corp	ooration)			
DOCU	JMENT NUMBER: P00000103567				
The en	closed Statement of Change of Registered Office/A	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
		C			
	MARK A. LEVY				
	(Name of Conta	ct Person)			
	TEQUILA BAY LIQUORS, INC.				
	(Firm/Com	pany)			
	4780 US 19				
	(Addres	s).			
	NEW PORT RICHEY, FL 34652				
(City/State and Zip Code)					
For fu	rther information concerning this matter, please call	l:			
MADL	(A. LEVY	× 727 × 848-6010			
IVIZIXI	(Name of Contact Person)	at (727) 848-6010 (Area Code & Daytime Telephone Number)			
	· ·	•			
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section	Street Address: Amendment Section			
•					
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
	1 ananassee, 1 D 323 17	Tallahassee, FL 32301			

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 nge is submitted for a corporation organized r to change its registered office or registered	d under the laws of the State of FLOR	RIDA
1. The name of	the corporation: TEQUILA BAY LIQUORS, I	NC.	
2. The principal	office address: 4780 US 19, NEW PORT RI	CHEY, FL 34652	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 2001	Document number: P0000010356	57
	d street address of the current registered agenument of State:	t and registered office on file with the	
	JAMES T. BOHAN		o
	7523 HIGH PINES CT, PORT RIC	CHEY, FL 34668	OS AUG 21
			ETAS.
6. The name and (if changed):	d street address of the new registered agent (i	f changed) and /or registered office	AMII: 04
	MARK A. LEVY		10 : F
	4780 US 19, NEW PORT RICHE (P.O. Box NOT acceptable)	Y, FL 34652	•
The street address changed will	ess of its registered office and the street add be identical.	dress of the business office of its regi	istered agent,
Such change wauthorized by the	as authorized by resolution duly adopted be the board, or the corporation has been notified.	y its board of directors or by an offic led in writing of the change.	er so
(Signat	ure of an officer or carector)	Mark M. Lei (Printed or typed name and title)	<u> </u>
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and comply with the provisions of all statute and I am familiar with and accept the obligating filed merely to reflect a change in the research notified in writing of this change.	igree to act in this capacity s relative to the proper and complete ition of my position as registered age egistered office address, I hereby co	e performance ent. Or, if this nfirm that the
Lote	d. fran	8-16-06	
•	gnature of Registered Agent)	(Date)	
11 Signing on De	chalf of an entity:		
(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