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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: X4P/FS WINTER INC Name of Corporation
DOCUMENT NUMBER: P 03 0000 71075
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tina Bealdown Name of Contact Person
1200 50 AUNUE South
1200 50 AUNUE South
WAPLES FLORIDA 34102 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tine Breddoch at (561) 309.9066 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of change is submitted for a corporation organized under the laws of the State of Hollow	
in order to change its registered office or registered agent, or both, in the State of \dot{F} lorida.	
1. The name of the corporation: NAPles WINERY Inc.	
2. The principal office address: 1200 5° AV South # 111	
WAPles, Rollin 34102	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 6.16.2063 Document number: 703000071	<u> </u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
- Sugar F Walzeregger	
1840 Placon Club Cial # 5108	
Naples, Propion 3412 3	F
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
TINA BRAD DOCK	
1206 5 AVE South Ste # 111 P.O. Box NOT acceptable	
MAPLES, FLORIDA 34164	
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.	•
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director TINA BRANDOCK (DWWR) Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Signature of Registered Agent 9. 76-19 Date	
Signature of Registered Agent If signing on behalf of an entity:	
Typed or Drinted Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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