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03/26/0901044007 **157.50
09 MAR 25 PM 2: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA
C.COULLIETTE MAR 3 0 2009 EXAMINER

Statement of Change of Registered Office and Registered Agent (filing fee

Check in the amount of \$157.50 to cover the costs shown above.

Resignation of Registered Agent (filing fee \$35.00). Officer/Director Resignation (filing fee \$35.00).

Thank you for your cooperation in this matter.

"1.

2. 3.

/rs Enclosures

Sincerely,

James G. Hahl

cc: Larry Glauber

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

statement of change is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida oration organized under the laws of the State of fice or registered agent, or both, in the State of	<u>Florida</u>
1. The name of the corporation: <u>True Vine</u>	e Limited Corp.	
2. The principal office address: 226 N. No	ova Road	
Ormond Beach, FL 32174		
3. The mailing address (if different):		
4. Date of incorporation/qualification: <u>04/2</u>	26/2007 Document number: P0400	00068397
5. The name and street address of the current Florida Department of State: (If resigned,	t registered agent and registered office on file we enter resigned)	rith the
Tony Fontoura		_
669 W. Oakland Park	Blvd., #B214	
Oakland Park, Ft. 333	311	09 SE(
6. The name and street address of the new re (if changed):	egistered agent (if changed) and /or registered of	09 MAR 26 NLLAHASSE
James G. Hahl		
114 South Palmetto A	Avenue NOT acceptable)	H 2: 49 FLORID
Daytona Beach, FL 3	32114	_
The street address of its registered office as as changed with be identical.	nd the street address of the business office of	its registered agent,
Such change was authorized by resolution authorized by the board, or the corporation	duly adopted by its board of directors or by a has been notified in writing of the change.	n officer so
(Signature of an officer or director)	Larry Glauber, Pr	resident
I I Z	red agent and agree to act in this capacity. ns of all statutes relative to the proper and co ccept the obligation of my position as register change in the registered office address, I here this change.	mplete performance ed agent. Or, if this eby confirm that the
- Alle	March 24, 2009	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
(Typed or Printed Name)		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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