## P07000132816

(Requestor's Name)				
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(Address)				
(City	y/State/Zip/Phone	e #)		
PłCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SEGRETARY OF STATE AND ANASSFE FLORIDA

Ro Charz 06-18-08

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJI	ECT: ALFA WINES, Inc. (Name of Corp	oration)		
DOCU	UMENT NUMBER:			
The en	nclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to	the following:		
٠	Dianna McCrary (Name of Contact	ct Person)		
ALFA WINES, Inc. (Firm/Company)				
2	1024 Canopy Walk Lane (Address	s)		
Palm Coast, FL 32137 (City/State and Zip Code)				
For fu	orther information concerning this matter, please call	:		
Diani	(Name of Contact Person)	at ( 386 ) 338-5682 (Area Code & Daytime Telephone Number)		
Enclos	sed is a \$35.00 check made payable to the Departme	ent 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

statement of cha	provisions of sections 607.0302, 617.0302, nge is submitted for a corporation organiz r to change its registered office or register	eed under the laws of the State of _	Florida
1. The name of t	he corporation: ALFA WINES, Inc.		
	office address: 1024 Canopy Walk La	ne, Palm Coast, FL 32137	,
3. The mailing a	ddress (if different): Same		Mary A
4. Date of incorp	oration/qualification: 12/17/07	Document number: P07000	0132816
	street address of the current registered agreement of State:	ent and registered office on file wi	th the
	Dianna McCrary		_
	7331 Stanhope Ct.		_ im _ its ca
	Sarasota, FL 34238		OB J
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered of	UN 16 AM HASSEEL
	Dianna McCrary		f Si
	1024 Canopy Walk Lane (P.O. Box NOT acceptable)		
	Palm Coast, FL 32137		_
The street addre	ess of its registered office and the street a be identical.	address of the business office of i	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by ar ified in writing of the change.	ı officer so
<b>Dism</b>	Lucia M Crary	Dianna McCrary, Preside	
· =	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity tes relative to the proper and con gation of my position as register registered office address, I here	mplete performance ed agent. Or, if this by confirm that the
(Si <sub>l</sub>	gnature of Registered Agent)	7002 11, 2007	
	half of an entity:		
		<del>-</del> ·	
(7	Typed or Printed Name)		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)