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SECRETARY OF STATE SECRETARY OF STATE ALLAMASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NATION WINE SHAFFING TRANS & BORNEY ON Name of Corporation
DOCUMENT NUMBER: PI 00000 3248
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:
NATHALIE S. DELAZZEL
NATION WINE PATTING TO SUPPLETE ONE Firm/Company
24010 TENNESSEE BOAD Address
HOWESTERN FOR A 33031 City/State and Zip Code
N-Edir (aw Ogman). Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: A

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 ohange is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Untial wide SAFFING TRANSE & DURNET WOTHER INC.
2. The principal office address: 12500 NE 15 Artiut, 611 UNTH WHAM Florant 33161
3. The mailing address (if different): Street AS 1500 VE
4. Date of incorporation/qualification: 101 Document number: P1000003248
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)
Alow CHIEBOR
12500 NEISMENLE
NOTEH MURLY FORDY 33/16/
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MATTHALLE , DEMICOR
24010 TELINESCOE ROW
However 53031
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.
Alga Surgibor M Signature of an officer of director Alga Surgibor M Printed or typed name and little
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 Date
If signing on behalf of an entity: Typed or Printed Name Typed or Printed Name

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

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