7130000 22129

(Requestor's Name)	
(,	Address)	
	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business Entity Name)	
	Document Number)	-
Certified Copies	Certificates of Statu	s
Special Instructions	to Filing Officer:	
		!
		!

Office Use Only



900315225699

07/09/18--01022--006 **35.00

SECHE PARY OF STALE

2014 JUL -9 A 11: 25

JUL 10 2019 T. LEMAZUK



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: TOAST WINE BUY INC. Name of Corporation			
DOCUMENT NUMBER: 713000028189			
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:			
NICOLE V SISK Name of Contact Person TOUST WINE BUY MC. Firm/Company			
4550 Hwy 20 Ste 1			
Niceville FL 32578 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Nicol V SISV at (850) 217 7701 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TOAST. Wine Bur, Inc.
2. The principal office address: 4550 Hwy 40, 5te
Niceville, FC 325/8
3. The mailing address (if different): (10) MONATAIN USIVE
Destin, +C 32541
4. Date of incorporation/qualification: Maych 27, 7013 Document number: P1300028189
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)
Alussa LM Adamson
1001 Mountain Dr Resigned
Destin, Fl. 32541
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
NICOL V. SISK
P.O. Box NOT acceptable
Destin, Fl 32541 Files
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.
Mally John Nicol Victor Signature of an officer or director 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.
Male Duly Date Signature of Registered Agent Ouly Date
If signing on behalf of an entity:
Typed or Printed Name

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