

P14330

DELICATO

FAMILY VINEYARDS

12001 South Highway 99
Manteca, California 95336-9209

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

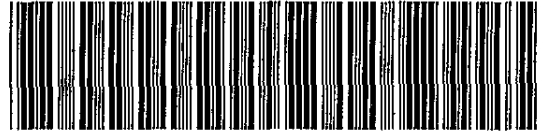
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

G. Cordato OCT 24 2005

4011 F-1445

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, the undersigned corporation organized under the laws of the state of California submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Delicato Vineyards Incorporated
2. The mailing address of the corporation: 12001 S. Highway 99
Manteca, CA 95336
3. Date of incorporation/qualification: 5/25/1973 Document Number: P14330
4. The name and address of the current registered agent and office:
Chuck Squires, Regional Sales Manager
9984 NW 20 Street
Coral Springs, FL 33071
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Robert Quinter, Regional Sales Manager
9960 Royal Cardigan Way
Wellington, FL 33411

TREASURER OF FLORIDA-DBPR
ACCT1000004444 LOC7900199
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BT 5011215
VAL 50256091
AMT \$35.00

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 authorized by the board, or the corporation has been notified in writing of the change.

Dorothy Indelicato
(signature of an officer or director)

Dorothy Indelicato, Treasurer
(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]
(Signature of Registered Agent)

8/10/05
(Date)

If signing on behalf of an entity:

Robert Quinter
(Typed or Printed Name)

Regional Sales Manager
(Capacity)

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

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

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