Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220004288913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

| **Enter | the | email | address | for | this | business | s entity | to | be | used | for | füture |
|---------|-------|--------|----------|-----|-------|----------|----------|-----|-----|-------|------|--------|
| a | nnual | report | : mailin | gs. | Enter | only on | e email | add | res | s ple | ase. | ** |
| | | | | | | | | | | | | |

Email Address:____

REGISTERED AGENT CHANGE LA VENDEMMIA, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: LA VENDEMMIA | N, INC. |
|--|---|
| Name of Corporation DOCUMENT NUMBER: P9600008 | 6266 |
| The enclosed Statement of Change of Registered Off | fice/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this man | ter to the following: |
| Vanessa Castillo | |
| Name of Contact Person | |
| Registered Agent Solutions, Inc. | |
| Firm/Company | |
| Corporate Center One, 5301 Southwest Pkwy, Ste 400 | |
| Address | |
| Austin, Texas 78735 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual repo | ort notification) |
| For further information concerning this matter, please | e cali: |
| Vanessa Castillo | at (888) 705-7274 Area Code & Daytime Telephone Number |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Depa | artment of State. |

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/L3)

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

| | provisions of sections 607.05 unge is submitted for a corpor | | | | | |
|--|--|---|---------------------------------------|--------------------------------------|---|------|
| | r to change its registered offi | | | - | | |
| 1. The name of t | the corporation: <u>LA VEN</u> | DEMMIA, II | VC. | | | |
| | office address: 4435 Old | d Winter Ga | rden l | Road | | |
| | ddress (if different): C/O W | erren Hirsch, Cl | DΔ 273 | Marrick Poac | Luphrook NV 11 | 1562 |
| - | poration/qualification: $\frac{0.001}{10/1}$ | | _ | | | 1505 |
| 5. The name and | I street address of the current tment of State: (If resigned, e | registered agent and | | | | |
| | BLUMBERGEXCELS | IOR CORPOR | ATE SE | RVICES, IN | C. | |
| | 155 Office Plaza Drive | · · · · · · · · · · · · · · · · · · · | 1st F | loor | | |
| | Tallahassee, | | FL | 32301 | _ | |
| (if changed): | Registered Age | | s, Inc | | 2022 DEC | |
| | Tallahassee | P.O. Box NOT acc | ^{eptable} 3230 |)1 | | |
| The street addre | ess of its registered office and be identical. | I the street address | of the bu | siness office of | | |
| | is authorized by resolution due board, or the corporation h | | | | 7 | |
| Is/ LINDSAY | PIAZZA | _ | SAY | PIAZZA | Director | |
| I hereby accept I further agree t of my duties, and document is bein corporation has | v of an officer or director the appointment as registere to comply with the provisions of I am familiar with and according filed merely to reflect a co- been notified in writing of to | s of all statutes rele ept the obligation (hange in the regist | to act in ttive to th of my vos | e proper and co ition as revister | omplete performance cal avent. Or, if this | |
| Hockey | | 12/ | 21/20 | 22 | | |
| | nature of Registered Agent | | | Date | • | |
| | half of an entity: | | | | | |
| | Assistant Secretary ped or Printed Name | | | | | |
| • | | ILING FEE: \$35. | 00 * * * | | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)