

M110000000015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

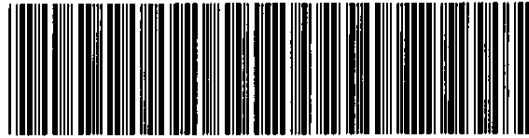
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only




600293443186

FILED RECEIVED
16 DEC 21 AM 9:12
DEPT. OF STATE
TALLAHASSEE, FLORIDA

DEC 22 2016

Y SULKER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 431922 7928185
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : December 20, 2016
ORDER TIME : 9:55 AM
ORDER NO. : 431922-005
CUSTOMER NO: 7928185

FOREIGN FILINGS

NAME: DELHAIZE AMERICA SHARED
SERVICES GROUP, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Delhaize America Shared Services Group, LLC

Enter new principal office address, if applicable: N/A

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: N/A

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M11000000015

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 3, 2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Retail Business Services LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

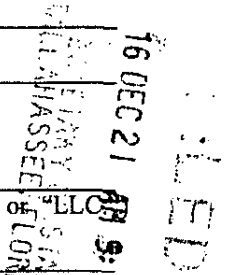
New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:
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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent



7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

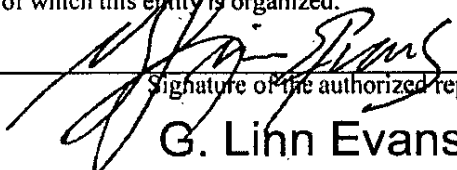
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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 STATE OF FLORIDA
 SECRETARY OF STATE

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

G. Linn Evans

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "DELHAIZE AMERICA SHARED SERVICES GROUP, LLC", CHANGING ITS NAME FROM "DELHAIZE AMERICA SHARED SERVICES GROUP, LLC" TO "RETAIL BUSINESS SERVICES LLC", FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2016, AT 7:53 O`CLOCK P.M.



4877749 8100
SR# 20167184593

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203553928
Date: 12-20-16

State of Delaware
Secretary of State
Division of Corporations
Delivered 07:53 PM 12/14/2016
FILED 07:53 PM 12/14/2016
SR 20167088024 - File Number 4877749

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF


DELHAIZE AMERICA SHARED SERVICES GROUP, LLC

Delhaize America Shared Services Group, LLC, a limited liability company organized and existing under the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Delhaize America Shared Services Group, LLC (the "*Company*").
2. The first section of the Certificate of Formation of the Company is hereby amended as follows:
 - "1. The name of the limited liability company is Retail Business Services LLC (the "*Company*")."

[Signature page follows]

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment
on this 14th day of December, 2016.



Name: G. Linn Evans
Title: President, Chief Executive Officer and
Secretary