Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email Address:_

FORETARY OF STATE

REGISTERED AGENT CHANGE E. & J. GALLO WINERY, INC.

ф <u>инания приничения приничения на приничения на приничения на приничения на приничения на приничения на приничения н</u>	<i>Mantenennumumumum</i>
Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or registe.	zed under the laws of the State of ${ extstyle { extstyle C}}$	alifornia	is 	-
1. The name of t	he corporation: E. & I. GALLO WINERY	, INC.			
2. The principal					
	Blvd., Modesto, CA 95354-2760				
-	ddress (if different):	95354-2760			
4. Date of incorporation/qualification: 09/26/1978 Document number:		8415	45		
5. The name and	l street address of the current registered ag trnent of State:	gent and registered office on file with	n the	-	
	C T Corporation System		11000	=	
	1200 South Pine Island Road		7	Z.	3
	Plantation, FL 33324			4-	resident Re
6. The name and (if changed):	l street address of the new registered agen	t (if changed) and /or registered office	FIST STOP STOP	AM IO:	MO
	Corporation Service Company		A)E	9	
	1201 Hays Street		18.		
	(P.O. Box NOT acceptable)				
	Tallahassee, FL 32301				
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its	registere	d agen	t,
Such change wa	as authorized by resolution duly adopted he board, or the corporation has been no	l by its board of directors or by an chified in writing of the change.	officer so	ł	
60a	nead trade	Blanca Lozada, Attorney in Fact			
(Signate	ire of an officepor director	(Printed or typed name and tr			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state ad I am familiar with and accept the obli- ing filed merely to reflect a change in the seen notified in writing of this change.	d agree to act in this capacity, stes relative to the proper and com, gation of my position as registered e registered office address, I hereb,	plete perj l agent. (y confirm	forman Or, if th that th	ce is ie
By: - C	Service Company	June 2, 2010			
Si (Si	gnature of Registered Agent)	(Date)			,
If signing on be	chalf of an entity:				
Elizabeth A. Dav	wson, Asst Vice President				
ŗ	Typed or Printed Name)				

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (8/05)