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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	ECT: Empson (US	SA), Inc. orporation			
DOCU	JMENT NUMBER: F00	000002442			
The en	closed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Tamm [.]	y Love			
	Name of Co	ntact Person			
Southern Wine & Spirits of America, Inc. Firm/Company					
	rimive	ompany			
1600 NIM 162 Chroat					
1600 NW 163 Street Address					
Miami El 33169					
Miami, FL 33169 City/State and Zip Code					
E-mail address! (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	Tammy Love	at (30) 627-1261			
	Name of Contact Person	at (30) 627-1261 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

statement of ch	e provisions of sections 607,0302, 617,0302 nange is submitted for a corporation organi: der to change its registered office or register	zed under the laws of the State of $ar{ar{Q}}$	/irginia		
1. The name of	f the corporation: Empson (USA), Inc.				
2. The principa	. The principal office address: 719 Prince Street, Alexandria, VA 22314				
3. The mailing	address (if different):				
4. Date of incor	rporation/qualification: 04/25/2000	Document number: F00000	002442		
	nd street address of the current registered ag artment of State: (If resigned, enter resigned		h the		
	Mel Dick				
	Southern Wine & Spirits				
	1600 NW 163rd Street, Miami, Fl	_ 33169	100 24 100 24		
6. The name an (if changed):	nd street address of the new registered agent :	(if changed) and /or registered offi	24 H		
	Greg Rabinovich		- 予 _の		
	1600 NW 163 Street (P.O. Box NOT acceptable)		5		
	Miami, FL 33169		-		
The street addr	ress of its registered office and the street a	ddress of the business office of it	s registered agent,		
Such change wanthorized by	vas authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so		
- Algna	Mire of an officer or director)	(Printed or typed name and i	CFO		
l further agree of my paties, a document is be	of the appointment as registered agent and to comply with the provisions of all statu and I am familiar with and accept the oblic eing filed therely to reflect a change in the as been footified in writing of this change.	tes relative to the proper and com vation of my position as registered	plete performance d agent. Or, if this by confirm that the		
Home	(ignature of Registered Agent)	11 11 09 (Date)			
If signing on b	pehalf of an entity: (Typed by Printed Name)	issacj			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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