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(City	/State/Zip/Phone	e #)
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: April 28, 2014

Order#: 103404-002

Re: CIGAR MASTERS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	unge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statut organized under the laws of the State of <mark>DE</mark> registered agent, or both, in the State of Florid		 .
1. The name of	the corporation: CIGAR MASTERS	, INC.		
-	office address:ols Road, Suite 100, Glen Allen VA	A 23060		
3. The mailing a	address (if different):			
4. Date of incor	Date of incorporation/qualification: 02/22/2001 Document number: F01000001049		9	
	d street address of the current register trent of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	9	
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROA	ND		
	PLANTATION	FL 33324	14	;; ;; t ^
6. The name and (if changed):		d agent (if changed) and /or registered office	1- MM -1	:
	Corporation Service Company		三	
	1201 Hays Street		~_/ #	- 전급 [*] - 1
	P.O. Bo Tallahassee	ox NOT acceptable FL 32301		•
		street address of the business office of its regi dopted by its board of directors or by an office en notified in writing of the change.		ent,
authorized by the				
	of an effect or director	Dona Priebe, Vice President Printed or typed name and title		_
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered age to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as re to reflect a change in the registered office add ified in writing of this change.	egistered -	
By: In	ace Cokubic	04/25/2014		
Sig	gnature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Grace E. Kirby	, Assistant Vice President			
	yped or Printed Name			

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