

F12 00 000 2695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

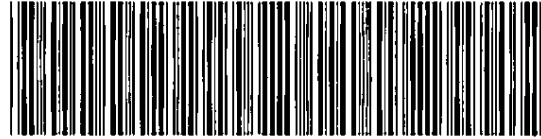
(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2023 NOV 13 PM 1:09

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2023 NOV 13 AM 11:38

DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

S.B.



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 11/13/23  
Order #: 1296138-1  
Re: Century Wines & Spirits, Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
120000000195

Authorization:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', written over a horizontal line.

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

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

2023 NOV 13 PM 1:69  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CENTURY WINES & SPIRITS INC.

Name of Corporation

DOCUMENT NUMBER: F12000002695

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Carson

Name of Contact Person

PCG Equity LLC

Firm/Company

101A Clay Street, Suite 145

Address

San Francisco, CA 94111-2033

City/State and Zip Code

lcarson@pcgequity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard B. Teig

Name of Contact Person

at (212)

750-7125

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CENTURY WINES & SPIRITS INC.
2. The principal office address: 1266 W. Paces Ferry Road, Suite 406  
Atlanta, GA 30327
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/27/2012 Document number: F12000002695
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Scott Y. Haynes, CPA  
400 Royal Palm Way, Suite 410  
Palm Beach FL 33480

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Howard B. Teig  
Signature of an officer or director

Howard B. Teig, Secretary

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: [Signature]  
Signature of Registered Agent

11/13/23

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)