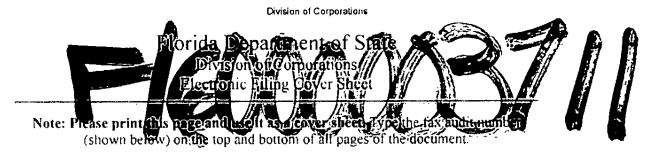
12/11/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:_

LLC REGISTERED AGENT CHANGE DUCKHORN WINE COMPANY INC

Certificate of Status Certified Copy 1 02 Page Count \$55.00 Estimated Charge

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To: Page 3 of 3

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

statement of cha	inge is submitted for a corporation org	9502, 607,1508, or 617,1508, Florida Statutes, this ganized under the laws of the State of <u>California</u> sistered agent, or both, in the State of Florida.	
1. The name of	DUCKHODN	WINE COMPANY INC	
2. The principal office address: 1201 Dowdell Lane, ST. HELENA, CA 94574			
3.The mailing a	ddress (if different): PO BOX 3617	7, PASO ROBLES, CA 93447	
4.Date of incorp	poration/qualification: 8/17/2016	Document number: F16000003711	
	rtment of State: (If resigned, enter resi NRAI SERV	ed agent and registered office on file with the gned) VICES, INC. PINE ISLAND ROAD N, FL 33324	
	PLANTATIO	N, FL 33324	
6.The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	
	c/o C T Corporation System, 1200 South Pine Island Road		
		NOT acceptable	
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its registered agent,	
Such change was authorized by t	as authorized by resolution duly adop he board, or the corporation has been	nted by its board of directors or by an officer so notified in writing of the change.	
BRAC		Brian Susmarski, Secretary	
Signature of an officer or director Printed or typed name and title I hereby accept the appointment as registered agent and agree to act in this capacity.		Printed or typed name and title	
I further agrée	to comply with the provisions of all s Convoluties, and Lam familiar with an	and agree to act in this capacity. tatutes relative to the proper and complete d accept the obligation of my position as registered reflect a change in the registered office address, I red in writing of this change.	
By:	Canis Bell	12/10/2019	
`	nature of Registered Agent	Dute	
	chalf of an entity:		
Denise Bell, Assistant Secretary			
ŀ	'yped or Printed Name		

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