L050000 61445

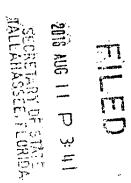
(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000288397930

08/11/16--01034--007 **25.00



MR IS MIS



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 janis.smith@cscglobal.com

Date: August 9, 2016

Order#: 241064/047

Re: SOUTHERN GLAZER'S WINE AND SPIRITS GULF COAST, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

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

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

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)	1600 N.W. 163 STREET	(b)	
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33169	_		
	06/21/2005		L05000	061445
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	HERMAN ALISON P			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of St	ate:
	1600 NW 163 STREET			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u> </u>	_
	MIAMI , FL	33169	· · · · · · · · · · · · · · · · · · ·	TALLAS
4.5	Corneration Service Company			
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	- 88 - m
				C o all
	1201 Hays Street			
	NEW Registered Office Address:			
	T-0-1			_
	Tallahassee , FL	<u>, 32301</u>		-ain-
the cha agent v was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regis ability co of the lim	tered offi mpany, it ited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
the cha agent v was/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of	f the regis ability co of the lim limited li	tered offi mpany, it ited liabil ability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
the cha agent was/w the art	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regis ability co of the lim limited li	tered offi mpany, it ited liabil ability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
the cha agent was/w was/w the art Signa I here provis the obs	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability co of the lim limited ling	tered offi mpany, it ited liabil ability co cilmi, Auth	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. Printed Person Printed or typed name of signee Apacity. I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00