LU7000091611

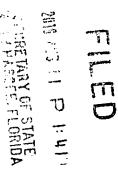
| (Requestor's Name) | | | | | | |
|-----------------------------------------|-------------------------------------------------------------------------|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | dress) dress) dress) dress) WAIT siness Entity Nar cument Number) | | | | | |

Office Use Only



300287665713

08/11/16--01024--016 **25.00



S Warren AUG 1 2 2016



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#: 241064/062

Re: SOUTHERN GLAZER'S WINE AND SPIRITS OF CONNECTICUT, 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.

| 1. | Na | me of the limited liability company: SOUTHERN GLAZE | R'S WINE | AND SPIRITS | OF CONNECTICUT, LLC |
|--------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. | (a) | 1600 NW 163 STREET | (b) |) | |
| | () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | N | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | MIAMI, FL 33169 | _ | | |
| | | 09/07/2007 | | L0700009 | 1611 |
| 3. | | Date of filing/registration in Florida | 4. | | Document number |
| 5. | (a) | HERMAN, ALISON PGC | | | |
| | ` ' | Registered Agent and Registered Office shown on the records of the | he Florida | Dept. of State | : |
| | | 1600 NW 163 STREET | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | <u> </u> | |
| | | | | | * |
| | | MIAMI , FL | 33169 | - | |
| | (b) | Corporation Service Company | | | |
| | (=) | Enter name of NEW Registered Agent and/or NEW Registered | Office add | lress: | |
| | | 1201 Hays Street | | | SEEL LOURING |
| | | NEW Registered Office Address: | | - | > |
| | | T | | | |
| | | Tallahassee , FL | 32301 | | |
| the ag | e cha ent w is/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagonal terms of the authorized by an affirmative vote of the members of organization or the operating agreement of the light of the ligh | the regis bility co f the limi limited li | tered office mpany, it is ited liability iability com | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| Signature of member or authorized representative of a member | | | | | Printed or typed name of signee |
| pr the to no | ovisi e obli mere tifie s | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change to the company of Registered Agent Corporation Service Company | performa I for in C iereby co | ance of my c Chapter 605 Onfirm that i | acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been by, Asst. Vice President |
| | ** | - Corporation berviou Company | | | ,, |

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