(Requestor's Name) (Address)	00 95453 900288865719			
(Address) (City/State/Zip/Phone #)	08/11/1601025008 **25.00			
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	2016 AUG 11 PH 1:56 SECRETARY OF STATE FALLAHASSEE, FLORID			
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CORPORATION SERVICE COMPANY

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#: 241064/086

Re: SOUTHERN GLAZER'S WINE AND SPIRITS OF MINNESOTA HOLDINGS,

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> Check in the amount of \$25.

Please take the following action:

XXFile in your office on a routine basis.XXIssue 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.	Name of the limited liability of	ompany:	SOUTHERN GLAZER'S WINE AND SPIRITS OF ALABAMA, LLC	2

2. (a)	1600 NW 163RD ST	_ (b))	
	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)			Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	MIAMI, FL 33159			
	05/13/2016		L1600009	95453
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	BREIER, SEIF, SILVERMAN & SCHERMER, P.A.			
	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Stat	- 2:
	2800 PONCE DE LEON BLVD #1125			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	5)	-
	CORAL GABLES, FL	33134	1	ZUIGANG II PH I
(b)	Corporation Service Company			ASA I I
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	
	1201 Hays Street			표적 5
	NEW Registered Office Address:			0 6
	Tallahassee, FL_	32301		_
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of clear of organization or the operating agreement of the 1	the regis bility co the lim imited l	stered office ompany, it is ited liabilit iability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	b) accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	ee to act perform for in (ereby co	t in this capt ance of my Chapter 605 onfirm that	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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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