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| (Re | questor's Name) | | | | | | | | |
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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#: 241064/089

Re: SOUTHERN GLAZER'S WINE AND SPIRITS OF MISSISSIPPI, 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 SPIRIT | S OF MISSISSIPI | PI, LLC | | _ . |
|------------------|--------------------------|---|-------------------------------------|---|--|---------------------------|----------------------|------------------------------------|
| 2. | (a) | Principal office address of limited liability company: | |) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | | (<u>Note: MUST BE STREET ADDRESS</u>) | _ | | (<u>Note: MAY b</u> | <u> SE POST (</u> | <u>OFFIC</u> | <u>E BOX</u>) |
| | | MIAMI, FL 33159 | | | | | | |
| _ | | 05/13/2016 | _ | L1600009 | | | | <u> </u> |
| 3. | | Date of filing/registration in Florida | 4. | | Document nu | ımber | | |
| 5. | (a) | BREIER, SEIF, SILVERMAN & SCHERMER, P.A. | | | _ | | | |
| | | Registered Agent and Registered Office shown on the records of the | e Florida | Dept. of State | e: | | | |
| | | 2800 PONCE DE LEON BLVD #1125 | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET AL | DDRESS) | | _ | | | |
| | | | | | | S:3 | د . دې | |
| | | CORAL GABLES , FL_ | 33134 | •• | - | CKEI | | 30 (1) } 3 |
| | (b) | Corporation Service Company | | | | 245E | | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> | Office add | ress: | - | 77.00 | 2 | है न जे राज्यसम्बद्धाः विकास |
| | | 1201 Hays Street | | | | JE STATE | 2: 55 | ,d mesa, |
| | | NEW Registered Office Address: | | | | ž.> | | |
| | | Tallahassee FI | 22204 | | - | | | |
| | | , FL_ | 32301 | | - | | | |
| the age wa | e char ent w is/we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li | he regist pility cou the limi | ered office npany, it is ted liabilit | e and the busing s hereby confin y company or a | ness officer rmed that | e of that the c | ne registered hange(s) |
| | | Jul & Ware | Jill C | ilmi, Autho | rized Person | | | |
| - 5 | Signati | ure of a member or authorized representative of a member | | | Printed or typed | l name of s | ignee | " |
| pre the to | ovisio e obli mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. | ertorma | nce of my a | duties, and La | m famili | ar with | h and accept |
| Si | ر. gnatur | e of Registered Agent Corporation Service Company | BY: Gr | ace E. Kir | rby, Asst. Vic | e Presio | lent | |

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