## LI6000 95708

(Requestor's Na	me)			
(Address)				
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(City/State/Zip/P	Phone #)			
PICK-UP WAIT	MAIL			
(Business Entity	( Name)			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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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#: 241064/125

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

	1600 NW 163RD ST	(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 33159	<del>-</del>	
	05/13/2016	_	L16000095708
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BREIER, SEIF, SILVERMAN & SCHERMER, P.A.		
3. (a)	Registered Agent and Registered Office shown on the records of		Dept. of State:
	2800 PONCE DE LEON BLVD #1125		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
			<del></del>
	CORAL GABLES , FL	33134	
(b)	Corporation Service Company		dress:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	dress:
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee . FL	32301	,
he chagent was/w he art	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the the regist ability confirmation of the limited limited limited limited series.	State of Florida, it is hereby confirmed that after stered office and the business office of the registere ompany, it is hereby confirmed that the change(s) lited liability company or as otherwise provided in liability company.  Cilmi, Authorized Person
Signs	iture of a member or authorized representative of a member		Printed or typed name of signee
_	by accept the appointment as registered agent and agr	ee to act	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been