## <u>LIL 0000 9571F</u>

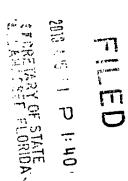
(Requestor's Name)						
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(Business Entity Name)						
(Document Number)						
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**S Warren** AUG 1 2 2016



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#: 241064/096

Re: SOUTHERN GLAZER'S WINE AND SPIRITS OF NEW HAMPSHIRE, 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	E AND SP	PIRITS OF NEW HAMPSHIRE, LLC
2. (2	a)	1600 NW 163RD ST	(1	o)	
	-, .	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		L1600	00095718
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	ne Florida	Dept, of	f State:
		2800 PONCE DE LEON BLVD #1125			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	
					"·
		CORAL GABLES , FL_	33134	<b>!</b>	
(1	<b>)</b> (c	Corporation Service Company			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> 1201 Hays Street	Office ad	<u>dress</u> :	Yer STA
		NEW Registered Office Address:			TATE ORIDA
		Tallahassee F1	32301	<del></del>	<del></del>
the dagen was/	hai t w we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of clessor organization or the operating agreement of the liable of the l	s of the the regist bility co the limited l	State of stered of ompany, lited liab liability	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Sig	nati	ure of a member or authorized representative of a member	JIII (	اااااار, At	uthorized Person Printed or typed name of signee
I he prov the o to m noti	ret isio bli ere ieb	by accept the appointment as registered agent and agreen of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have been supported by the change of the change.	perform for in ( ereby c	ance of Chapter onfirm t	capacity. I further agree to comply with the