## M04000003396

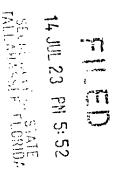
(Requestor's Name)					
(Address)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
1					

Office Use Only



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1.M. 8/5/14



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

JSMITH2@CSCINFO.COM

Date: July 21, 2014

Order#: 212702-001

Re: GIRARD WINERY LLC

Enclosed please find:

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

14 JUL 23 PM 5: 52

## 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: GIRARD WINEF	RY LLC		
2.	(a)	205 Concourse Boulevard	(b)	205 Concourse Boulevard	
	(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		Santa Rosa C/ 95403-8258	_	Santa Rosa CA 95403	
		08/18/2004		M04000003396	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	C T Corporation System			
	()	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:	
		1200 South Pine Island Road		=1	
		Registered Office Address (MUST BE FLORIDA STREET A			
		Plantation FL_	33324		
	(b)	Corporation Service Company		^1 <del>-1/-</del>	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	Iress: 5 5	
		1201 Hays Street			
		NEW Registered Office Address:		<del></del>	
		Tallahassee FI	22204		
		, FL_	32301	<del></del>	
the ag wa	e cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the limi limited li	stered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company.	
	Signat	ture of a member or authorized representative of a member	Dona	Printed or typed name of signee	
I i pri the to	herel ovisi obli mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. In I in writing of this change.	ee to act performa I for in C ereby co	in this capacity. I further agree to comply with the	
Si		re of Registered Agent Corporation Service Company	BY: Gr	race E. Kirby, Asst. VP	

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