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DATE: 6/5/14

NAME: VINEYARD VINES RETAIL, LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

oom,	in the state of Fiorial.			
1. Na	me of the limited liability company: VINEYARD	INES RETAIL, LLC		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	c/o Vineyard Vines, LLC, 37 Brown	House Road	
	(Note: MOST DE STALET NOPAESS)	Stamford, CT 06902		
(1-)	Matter address of the land that the	c/o Vineyard Vines, LLC		
(D)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	37 Brown House Road		
(HOLE, MAI DE LOST OFFICE BOX)		Stamford, CT 06902		
Nove	ember 9, 2007	M07000006650	· · · · · · · · · · · · · · · · · · ·	
			·	
3. Da	te of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	he records of the Florida Dept.	of State:	
	Registered Agent:	Corporation Service Comp	any	
	Registered Office Address:	1201 Hays Street	5 p	
		Tallahassee, FL 32301-2525		
(b)	Enter name of NEW Registered Agent and/or NEV	W Registered Office address:	% - Ja 1	
	NEW Registered Agent:	National Corporate Research,	Ltd., inc.	
	NEW Registered Office Address:	155 Office Plaza Drive	<u>Al</u> 9	
	(MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive	22	
		Tallahassea	,FL_32301	
and th	limited liability company is not organized under the I med that after the change or changes are made, the Flue business office of the registered agent will be ident ty company, it is hereby confirmed that the change(s)	aws of the State of Florida, it is orida street address of the regis	s hereby stered office	

the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Shellherd MANGLA

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I have by confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Sean Honan, Assistant Secretary

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