## 0PP 2000001 M

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

Office Use Only



700290657897

16 OCT -5 PH 4: 15

Z A M

S Warren

OCT 06 2016

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	: I200	00000	195
REFERENCE	: 3199	900	4312639
AUTHORIZATION	: Lune	Dele	1982)
COST LIMIT	: (\$ 25	i4 00	
ORDER DATE : October 5, 2016	. <b></b>		
ORDER TIME : 3:20 PM			
ORDER NO. : 319900-010			
CUSTOMER NO: 4312639			
	. <b></b>	. <b></b>	
FOREIGN F	ILINGS		
NAME: VF CONTEMPORA	יואע סס אמי	19 T.T.	~
NAME: VI CONTEMPORA	KI DRANL	, рц	<b>-</b>
CORPORATE LIMITED PARTNERSHIP			
XX LIMITED LIABILITY COMPAN	1 <b>X</b>		
XXXX AMENDMENT			
PLEASE RETURN THE FOLLOWING AS	PROOF C	F FIL	ING:
CERTIFIED COPY			
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD ST	ANDING		
CONTACT PERSON: Melissa Zende	er EXT	'# 629 <u>9</u>	56

EXAMINER:

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: VF Contemporary Brands	, LLC
Name of Foreign Limited I	Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitt	ted for filing.
Please return all correspondence concerning this matter to	the following:
ITZHAK WEINSTOCK	
Name of Person	<del></del>
Delta Galil USA Inc.	
Firm/Company	<del></del>
2711 Centerville Road Suite 400,	
Address	
Wilmington, New Castle, Delaware, 198	308
City/State and Zip Code	<del></del>
Itzhak.Weinstock@us.deltagalil.co	om
E-mail address: (to be used for future annual report not	
For further information concerning this matter, please call	:
Name of Person Area C	Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Filing Fee & S60 Filing Fee, tified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

Name of limited liability Company as it appea	ars on the records of the Florida Department of
State: VF Contemporary Brands,	LLC
State:	
Enter new principal office address, if applicable:	
(Deinging) -fGJ.J.	N/A SA B
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	200
	न्युंबर क्षि
	्राची 🦫
Enter new mailing address, if applicable:	N/A 53 →
(Mailing address	and the state of t
MAY BE A POST OFFICE BOX)	<del></del>
2. The Florida document number of this limited li	ightlifty company ig: M16000006790
z. The Procide document number of this limited in	ladning company is.
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 8/2	
4. Date additionized to do business in Florida:	
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company:	DG Premium Brands LLC
(mu	st contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name .C." or "LLC.")
6. If amending the registered agent and/or register	red officer address on our records, enter the name of the new
registered agent and/or the new registered office a	address here:
Name of New Registered Agent: N/A	
New Registered Office Address: N/A	
New Register of the Address,	Enter Florida Street Address
	Mouldo
	, Florida
New Registered Agent's Signature, if changing R	egistered Agent
I hereby accept the appointment as registered ag	ent and agree to act in this capacity. I further agree to comply with
the provisions of all statutes relative to the prope and accept the obligations of my position as region	r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this
document is being filed to merely reflect a change liability company has been notified in writing of t	e in the registered office address. I hereby confirm that the limited

i. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  N/A					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
<del></del>	· · · · · · · · · · · · · · · · · · ·				
·			Remove		
			Add		
			Remove		
	<del></del>		bbA□		
			Remove		
			Add		
			Remove		
		<u> </u>	Add		
			Remove		
aforementioned am	the law of which this entity is organ	the official having custody of record	POT "S RETARY O AHASSIF		
	Itzhak Weinsto	DCK ted name of signee	A 7:5 F STAT FLORI		
		Fee: \$25.00	59 RIDA		

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "VF CONTEMPORARY

BRANDS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "DG PREMIUM BRANDS LLC" ON THE FIFTEENTH DAY OF

SEPTEMBER, A.D. 2016, AT 2:10 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 203112859

Date: 10-05-16

4394518 8320 SR# 20166081070