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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 417482 7797493

AUTHORIZATION :

COST LIMIT : SOSSOO WON

ORDER DATE : September 28, 2018

ORDER TIME : 3:04 PM

ORDER NO. : 417482-005

CUSTOMER NO: 7797493

CHANGE OF AGENT

NAME: SGWS RELIEF & CHARITABLE

FOUNDATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO:	TO: Amendment Section Division of Corporations						
SURI	SGWS Relief & Charitable Foundation, Inc.						
Name of Corporation							
DOC	N18000001424 JMENT NUMBER:						
The er	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	Alan N. Greenspan						
Name of Contact Person							
Southern Glazer's Wine and Spirits, LLC							
Firm/Company							
14911 Quorum Dr., Suite 150							
Address							
	Dallas, TX 75254						
City/State and Zip Code							
	alan.greenspan@sgws.com; tammylove@sgws.com						
	E-mail address: (to be used for future annual report notification)						
For fu	rther information concerning this matter, please call:						
Alan N	4. Greenspan 972 392-8333						
	Name of Contact Person						
Enclos	sed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle						

Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.05 nge is submitted for a corpor to change its registered offi	ation organized under the la	ws of the State of Flo	rida		
1. The name of the	he corporation: SGWS Relie	& Charitable Foundation, Ir	nc.			
2. The principal office address: 1600 NW 163rd St., Miami, FL 33169						
3. The mailing a	ddress (if different):		<u>-</u>			
4. Date of incorp	oration/qualification: 2/9/20	Document	number: N18000001	424		
5. The name and Florida Depar	street address of the current tment of State: (If resigned, e	registered agent and registerenter resigned)	ed office on file with	the		
	Steven J. Schermer					
2800 Ponce de Leon Blvd, Suite 1125						
	Coral Gables	FL	33134	8 SI		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company						
	Corporation Service Compa	any		A PLOS &		
1201 Hays Street						
	3>					
	Tallahassee	FL	32301			
	ss of its registered office an be identical.					
	s authorized by resolution de board, or the corporation l	uly adopted by its board of onas been notified in writing of	directors or by an off of the change.	icer so		
M	n. st	Alan N. Greens		Vice President		
Č	re of an officer or effector the appointment as registere		ed or typed name and title			
I further agree to performance of agent. Or, if this hereby confirm	the appointment as register to comply with the provision my duties, and I am familian is document is being filed my that the corporation has been Service Company	s of all statutes relative to the with and accept the obliver	te proper ana compa tion of my position a:	s revisierea		
By: Sign	nature of Registered Agent		Date			
If signing on be	halffe f an entity:					
Asst. Vice I	President					

* * * FILING FEE: \$35.00 * * *