

F12 00 00 00 2695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

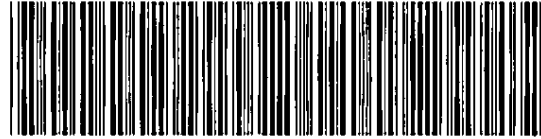
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



400418873464

2023 NOV 13 PM 1:09
STATE OF FLORIDA
DIVISION OF CORPORATIONS

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 NOV 13 AM 11:38

RECEIVED

S.B



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 11/13/23
Order #: 1296138-1
Re: Century Wines & Spirits, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
120000000195

Authorization:

Please take the following action:
File in your office on basis
Issue Proof of Filing

2023 NOV 13 PM 1:49

Special Instructions:

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTURY WINES & SPIRITS INC.
Name of Corporation _____

DOCUMENT NUMBER: F12000002695

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Lisa Carson
Name of Contact Person _____
PCG Equity LLC
Firm/Company _____
101A Clay Street, Suite 145
Address _____
San Francisco, CA 94111-2033
City/State and Zip Code _____

lcarson@pcgequity.com
E-mail address: (to be used for future annual report notification) _____

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For further information concerning this matter, please call:

Howard B. Teig
Name of Contact Person _____ at (212) 750-7125
Area Code & Daytime Telephone Number _____

Enclosed 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CENTURY WINES & SPIRITS INC.
2. The principal office address: 1266 W. Paces Ferry Road, Suite 406
Atlanta, GA 30327

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/27/2012 Document number: F12000002695

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Scott Y. Haynes, CPA
400 Royal Palm Way, Suite 410
Palm Beach FL 33480

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
Tallahassee FL 32301
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Howard B. Teig Signature of an officer or director
Howard B. Teig, Secretary Printed or typed name and title

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 duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company
By: [Signature] Signature of Registered Agent
11/13/23 Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)