F14 000003711

(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:

Amendment Section

Division of Corporations
SUBJECT: Sodastream USA, Inc.
Name of Corporation
DOCUMENT NUMBER: F14000003711
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:
Jourdan Cerrillo Name of Contact Person
DoMyLLC.com, LLC
Firm/Company
5716 Corsa Ave Suite 110
Address
Westlake Village, CA 91362-7354
City/State and Zip Code
compliance@domyllc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jourdan Cerrillo on behalf of DoMyLLC.com, LLC at 888-366-9552
Name of Contact Person Area Code & Daytime Telephone No
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

CR2E045 (04/13)

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

statement of ci	hange is submitted for a co	orporation organize	607.1508, or 617.1508, Fto d under the laws of the Sta d agent, or both, in the Sta	nte ofDE		
1. The name o	f the corporation: Sodast	tream USA, Inc.		·		
	al office address: 7 Rena		Suite 350			
		Plains, NY 10605				
3. The mailing	g address (if different):	· <u>-</u> .				
4. Date of inco	orporation/qualification: _	09/02/2014	Document number:	F14000003711		
	nd street address of the cu partment of State: (If resign		nt and registered office on	file with the		
	COGENCY GLOBAL	L INC.				
	115 North Calhoun St. Suite 4					
	Tallahassee, FL 32301					
6. The name at (if changed)		w registered agent (if changed) and /or register	red office		
	InCorp Services, Inc.					
	17888 67th Court North					
			OT acceptable			
	Loxahatchee, FL 334	470	 			
The street add as changed wi	ress of its registered offic Il be identical.	ce and the street ad-	dress of the business office	e of its registered agent,		
Such change vauthorized by	was authorized by resolut the board, or the corpora	ion duly adopted b tion has been notifi	y its board of directors or led in writing of the chang	by an officer so		
V 97	4		John Thompson, VP-Fin			
1/	ture di an officer or director		Printed or typed nam			
I nereoy accept further agree of my duties, a document is be corporation he	of the appointment as reg e to comply with the provi and I am familiar with an eing filed merely to reflec as been notified in writing	istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.	gree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, I	y, d complete performance istered agent. Or, if this hereby confirm that the		
	safina		June 18, 1	2021		
<u></u>	ignature of Registered Agent		Date			
If signing on b	pehalf of an entity:					
Isabel Burgos o	on behalf of InCorp Services	s, Inc.				
	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)