M120000002825

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(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
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(Document Number)				
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MAR 2 1 2014 T. BROWN



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 1980
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: March 17, 2014

Order#: 046431-030

Re: ALLTECH'S BEVERAGE DIVISION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

(a)	3031 CATNIP HILL PIKE	_ (b) _	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NICHOLASVILLE K\ 40356		
	05/21/2012		M12000002825
	Date of filing/registration in Florida	4.	Document number
(a)	NRAI SERVICES, INC.		
(4)	Registered Agent and Registered Office shown on the records of the	ne Florida D	ept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	Plantation , FL_	33324	<u> </u>
(b)	Corporation Service Company		ALLAHASSEE, F
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addre	<u>ss</u> :
			m- 171
	1201 Hays Street		
	NEW Registered Office Address:		AM 10: 25
	Tallahassee FL.	32301	
cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of to will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registe bility com Tthe limite	red office and the business office of the registion pany, it is hereby confirmed that the change(sed liability company or as otherwise provided
			Priebe Authorized Person
Signat	ture of a member or authorized representative of a member	20112	Printed or typed name of signee
herel ovisi	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h	ee to act in performant for in Ch	a this capacity. I further agree to comply with ce of my duties, and I am familiar with and ac anter 605 F.S. Or if this document is being

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

Signature of Registered Agent Corporation Service Company BY: Asst. Vice President