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LLC REGISTERED AGENT CHANGE

GOCA-COLA BOTTLING COMPANY UNITED-CENTRAL LLC

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August 25, 2017

FLORIDA DEPARTMENT OF STATE

COCA-COLA BOTTLING COMPANY UNITED-CENTRAL LLC
4600 EAST LAKE BLVD.
BIRMINGHAM, AL 35217

SUBJECT: COCA-COLA BOTTLING COMPANY UNITED-CENTRAL LLC REF: M14000004796

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: E17000227637 Letter Number: 017A00017561

| COVER | LETTER |
|-------|--------|
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| | Registration Section Division of Corporations | | | |
|------------|--|-------------------|---|---|
| SUBJEC | COCA-COLA BOTTLING COMPANY | 'UNITED-CEI | YTRAL LLC | |
| ti Qizini. | Name o | f Limited Lia | bility Company | |
| Dear Sir | or Madam: | | | |
| The encl | losed Registered Agent/Registered Office | Change and f | ee(s) are submitted for filing | <u>.</u> |
| Please re | eturn all correspondence concerning this n | natter to the fo | ollowing: | |
| Kim Bra | den | | | |
| <u></u> , | Name of Person | | - | |
| COCA-C | COLA BOTTLING COMPANY UNITED-CE | NTRALLLC | | |
| | Firm/Company | | _ | |
| PO Box | 2006 | | | |
| | Address | | _ | |
| Birming | ham AL, 35201-2006 | | | |
| <u></u> | City/State and Zip Code | | _ | |
| | den@ccbcu.com | | | |
| E- | mail address: (to be used for future annual | i report notific | cation) | |
| For furtl | her information concerning this matter, ple | ease call: | | |
| Russell S | S. Bonds | 404 at (| 676-3162 | |
| | Name of Person | u. (| Area Code & Daytime Tele | ephone Number |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tellahassee, Florida 32301 | Reg Div P.O | ILING ADDRESS: istration Section ision of Corporations . Box 6327 lahassee, Florida 32314 | FILED AUG 25 AII |
| | Enclosed is a check for the following ar | nount: | | , , , , , , , , , , , , , , , , , , , |
| | 🔾 \$25 Filing Fee | S 5: | 5 Filing Fee & Certified Cop | Dy 2 |
| INHS18 | (2/14) | | | |

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.

| 9 (50) | | | (b) | | UNITED-CENTRAL | | |
|---|---|--|--------------------------------|--|---|---|---|
| (u) | Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) | _ ` | , | | (Note: MAY BE POS | l liability c T'OFF(CE | ompany: <i>BQX)</i> |
| | 4600 EAST LAKE BLVD. | | | 4600 EAST | TLAKE BLVD. | | |
| | BIRMINGHAM, AL 35217 | - | | BIRMING | HAM, AL 35217 | | |
| | 07/03/2014 | | ì | M140000041 | 796 | | |
| | Date of filing/registration in Florida | 4. | - | | Document number | | |
| (a) | Tucker, Brian | | | | | | |
| (a) | Registered Agent and Registered Office shown on the records of | the Flori | da | Dept. of State | - x | | |
| | Tucker, Brian | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) 2050 Maryland Circle | <u>ADDRES</u> | SS) | | • | • | <u>-)</u> |
| | Taltahassee , FI | 32303 | | | . | | FILLU AUG 25 M |
| (K) | | | | | | | 三 と |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office | add | lress: | • | · . | |
| | C T Corporation System | | | | _ | T \$4 | 27 |
| | NEW Registered Office Address: | | | | | | |
| | 1200 South Pine Island Road | | | | - | | |
| | Plantation, FI | 33324 | _ | | _ | | |
| ne cha gent v /as/wo ne arli | imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the | ws of the the ability of the li | ne gis co imi d li | State of Flo tered office mpany, it is ited liability iability con | orida, it is hereby co c and the business o s hereby confirmed y company or as oth npany. ssistant Secretary | that the c erwise p | hange(s) |
| Signal | ture of a member of duhorized representative of a member | | _ | * | Printed or typed name | | |
| l herei rovisi he obl o mere otified CTC | by accept the appointment as registered agent and ag- ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change. | ree to a perfor d for it hereby | ict me i Co | in this cape ince of my hapter 605 onfirm that | acity. I further agro daies, and I am fan 5, F.S. Or, if this do the limited liability | e to com ulliar with cunent is company | ply with the h and acceps s being filed has been |
| Signatu | re of Registered Agent | | | | | | |
| | Division of Corporations P.O. FILING F | | | | ssee, FL 32314 | | |
| | /14) | | | | | | |