## 191720

	<u>* '</u>
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	MAIL
(Business Entity Name)	
(Document Number)	
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AND ANASSES FLORIES

R. WHITE
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez

ashley.jiminez@cscglobal.com

Date: November 16, 2017

Order#: 917722/005

Re: FLORIDA BOTTLING, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Jiminez

c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

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

INCA.XCOA

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

statement of cha	mge is submitted for alc	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statut orporation organized under the laws of the State of FLOF	RIDA	
	·	d office or registered agent, or both, in the State of Floria	la.	
1. The name of	the corporation: FLORI	DA BOTTLING, INC.		
2. The principal	office address: 1035 N.	W. 21 TERRACE, MIAMI, FL 33127		
	<u> </u>			
3. The mailing a	nddress (if different):			
4. Date of incor	poration/qualification:	3/02/1956 Document number: 191720		
5. The name and	P.	rrent registered agent and registered office on file with the	<u>.</u> *	
	FUHRMAN, THOMAS			
	4430 SANTA MARIA			
	CORAL GABLES, FL	33146	1A1 35 7	i
6. The name and (if changed):	I street address of the ne	w registered agent (if changed) and /or registered office	Z NOV 20 SECHT MASSI ILLAHASSI	
	Corporation Service C	mpany	그의 폭	17
	1201 Hays Street		M 11:54	<u>_</u>
	1	P.O. Box, NOT acceptable		
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office be identical.	ce and the street address of the business office of its regi	stered agent,	•
Such change wa authorized by th	ns authorized by resolution board, or the corpora	ion duly adopted by its board of directors or by an office tion has been notified in writing of the change.	r so	
E	> -=-	Rafael Lopez, President		
Signatu	re of an officer or director	Printed or typed name and title		
I further agree of performance of agent. Or, if th hereby confirm	to comply with the prov my duties, and I am fan is document is being fil	· I	reistered	
By: L L	nature of Registered Agent	11/15/2017 Date		
If signing on be	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
T	yped or Printed Name			
	*	* FILING FEE: \$35.00 * * *		
M.		AYABLE TO FLORIDA DEPARTMENT OF STATE RPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314		

CR2E045 (03/12)