| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (2000)                                  |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO:    | Amendment Section<br>Division of Corporation | ons   |   |                       |
|--------|--|---|---|-----------------------|
| SUBJ   | JECT:  | Hornell Brewing (   | Co., Inc.   |                       |
| DOC    | UMENT NUMBER:                                | F0000   | 0003951   |                       |
|        |  | ange of Registered Office/A   | gent and fee are submit   | tted for filing       |
|        |  | ce concerning this matter to  | •   | ived for ming,        |
| 1 Ious | o return an corresponden                     | ce concerning this matter to  | the following.  |                       |
|        | <u>.</u>                                     | David Pet   | shaft<br>ct Person  |                       |
|        |  | realite of Contac   | et i cison  |                       |
|        |  | David B. Petsl  | naft, P.C.  |                       |
|        |  | rirm/Comp   | запу  |                       |
|        |  | 222 Bloomingdale R  | load, Suite 116   |                       |
|        |  | Address   | S   |                       |
|        | ***************************************      | White Plains, N   | NY 10605<br>Zip Code  | ·<br>                 |
|        |  |   | •   |                       |
|        | E-mail ad                                    | jfn@dbplaw<br>dress: (to be used for futu   | .com  | ication)              |
|        | L-man ac                                     | areas. (to be used for fatt   | ne annuar report nom  | ication)              |
| For fu | orther information conce                     | rning this matter, please call  | :   |                       |
|        | Jennifer                                     | Nelson  | at ( 914 )  | 597-7917              |
|        | Name of Cont                                 | ict Person  | at ( <u>914)</u><br>Area Code & Dayti   | me Telephone Number   |
| Enclo  | sed is a \$35.00 check ma                    | ade payable to the Departme   | ent of State.   |                       |
|        | Ame<br>Divis<br>P.O.                         | ng Address:<br>ndment Section<br>sion of Corporations<br>Box 6327<br>hassee, FL 32314 | Street Address:<br>Amendment So<br>Division of Co<br>Clifton Buildin<br>2661 Executiv | ection<br>orporations |

Tallahassee, FL 32301

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

| statement of cha              | nge is submitted for a co                              | orporation organized  | 07.1508, or 617.1508, Flo<br>I under the laws of the Sta<br>I agent, or both, in the Sta                              | te of New York  |
|-------------------------------|--|-----------------------|---|---|
| 1. The name of t              | he corporation: Horne office address: One  Woo         | Anizona Plaz          | ea 60 Crossium  | 15 Park uist  |
| 3. The mailing a              | ddress (if different):                                 |                       |   |   |
| 4. Date of incorp             | oration/qualification; _                               | 07/03/2000            | Document number:  | F00000003951  |
|                               | street address of the cu<br>tment of State: (If resign |                       | t and registered office on  | file with the   |
|                               | UCC FILING & SE  | ARCH SERVIC           | ES, INC.  | ·   |
| •                             | 1574 VILLAGE SO  | QUARE BLVD S          | UITE 100  | ZOBS TAKE   |
|                               | TALLAHASSEE F  | L 32309 US            |   | TAPLAHASS   |
| 6. The name and (if changed): | I street address of the ne                             | w registered agent (i | f changed) and /or registe  | seed office SEE FLOR  |
|                               | NRAI Services, In                                      | C.                    |   |   |
|                               | 2731 Executive Pa                                      |                       |   | <b>⊕</b>  |
|                               | Weston, FL 33331                                       | P.O. Box NOT ac       | ceptable  |   |
| as changed will               | ess of its registered offi<br>be identical.            | ce and the street ad  | dress of the business offi<br>y its board of directors o<br>led in writing of the char                                | ce of its registered agent, r by an officer so  |
| 200                           | re of an officer or afresion                           |                       | -   | rman/VICE PRESIDENT   |
|                               |  |                       | ngree to act in this capac<br>is relative to the proper o<br>ition of my position as re<br>registered office address, | ity.<br>and complete performance<br>egistered agent. Or, if this<br>I hereby confirm that the |
| se sece                       | and Cenyfucor  | iginal Signa          | your c  |   |
|                               | mature of Registered Agent                             |                       | Date  |   |
| T                             | yped or Printed Name                                   |                       |   |   |

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

## 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 tutement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.  |  |  |  |  |  |
|---|--|--|--|--|--|
| . The name of the corporation: Hornell Brewing Col., Inc.   |  |  |  |  |  |
| The principal office address: One Arizona Plaza 60 Crossways Park wist  |  |  |  |  |  |
| . The mailing address (if different):   |  |  |  |  |  |
| Date of incorporation/qualification: 07/03/2000 Document number: F00000003951   |  |  |  |  |  |
| 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)   |  |  |  |  |  |
| UCC FILING & SEARCH SERVICES, INC.  |  |  |  |  |  |
| 1574 VILLAGE SQUARE BLVD SUITE 100  |  |  |  |  |  |
| TALLAHASSEE FL 32309 US   |  |  |  |  |  |
| i. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |  |  |  |  |  |
| NRAI Services, Inc.   |  |  |  |  |  |
| 2731 Executive Park Drive, Sulte 4  |  |  |  |  |  |
| P.O. Box NOT acceptable Weston, FL 33331  |  |  |  |  |  |
| The street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.   |  |  |  |  |  |
| such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.  |  |  |  |  |  |
| Signature of an officer of an effect of the state of the |  |  |  |  |  |
| hereby accept the appointme <del>nt as</del> registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance if my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address. I hereby confirm that the orporation has been notified in writing of this change.   |  |  |  |  |  |
| AG Son Hand Signature of Registered Agent Date  |  |  |  |  |  |
| f signing on behalf of an entity:   |  |  |  |  |  |
| ALISON HAND, ASST SEC   |  |  |  |  |  |
| * * * 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 (8/05)