Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000055232 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future

Email Address:

REGISTERED AGENT CHANGE **BOTTLING GROUP HOLDINGS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

TO: Amendment S Division of Co	ection rporations					
SUBJECT:	BOTTLING GROUP	HOLDINGS, INC.				
	Name of	Corporation	- (
DOCUMENT NUMB	er:	P01000000923				
The enclosed Statemen	t of Change of Registered Off	fice/Agent and fee are submi	tted for filing.			
Please return all corresp	pondence concerning this mat	ter to the following:	_			
	No	ra Ryan				
	Name of Contact Person					
PepsiAmericas, Inc.						
Firm/Company						
1475 East Woodfield Road, Suite 1300						
(Address					
Schaumburg, IL 60173 City/State and Zip Code						
		•				
		pepsico.com				
E-m	ail address: (to be used for	future annual report notif	ication)			
For further information	concerning this matter, please	cail:				
1	Чога 	at (847)	394-7266			
Name of	Contact Person	Area Code & Daytii	me Telephone Number			
Enclosed is a \$35.00 che	ck made payable to the Depa	riment of State.				
	Mailing Address:	Street Address: Amendment Se				
	Amendment Section Division of Corporations	Amendment Se Division of Co				
	P.O. Box 6327	Clifton Buildin				
	Tallahassee, FL 32314	2661 Executive				
		Tallahassee, Fl				

CR2E045 (I/05)

*

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

			, 607.1508, or 617.1508, Fla ted under the laws of the Sta	
		-	red agent, or both, in the Stat	e of Florida.
1. The name	of the corporation: BOTTL	ING GROUP HOLI	DINGS, INC.	
2. The princip	ral office address: ONE PE	PSI WAY, SOMER	IS, NY 10589	· · · · · · · · · · · · · · · · · · ·
3. The mailing	g address (if different):			
. 4. Date of ince	orporation/qualification:	02/16/2001	Document number:	F01000000923
	nd street address of the cur entment of State: (If resign		ent and registered office on fi	lo with the
	NRAI SERVICES, INC.			
	2731 EXECUTIVE PAR	K DRIVE, SUITE	4	
	WESTON, FL 33331			
6. The name as (if changed)		v registered agent ((if changed) and /or registere	d office
	C T Corporation System			
	c/o C T Corporation Syste	am, 1200 South Pin	e Island Road	
		P.O. Box NOT a	cuspitable	
	Plantation, Florida 33324			
The street add as changed will	ress of its registered office Il be identical.	e and the street ad	dress of the business office	of its registered agent,
Such change wanthorized by	vas authorized by resolution the board or the corporate	on duly adopted b ion has been notif	y its board of directors or b ied in writing of the change	y an officer so
Eaml	la sette		Sandra Gilliss, Vi	
-	ire of shortless of director I the appointment as regis to comply with the provis and I am familiar with and ling filed merely to reflect a been notified in writing	stered agent and o lons of all statute accept the obliga a change in the r of this change.	Pilited or typed nume ingree to act in this capacity is relative to the proper and ation of my position as regis tegistered office address, I h	
By: R. De	Corporation System		3-8-2010	
13-7/-	nature of Redistered Agent	•	Date	······································
If signing on be	shalf of an entity:			
	Rebecca Barth Typed or Printed Nume			•
		• FILING FEE:	\$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

VL006 - 67/23/2008 C Y System Online

CR2E045 (8/05)