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To:

Division of Corporations

Fax Number

: (850)617-6380

Erom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Rater the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emmil Address:

## REGISTERED AGENT CHANGE INDEPENDENT BREWERS UNITED CORPORATION

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## **COVER LETTER**

**Amendment Section** 

TO:

Division of	f Corporations	•		
SUBJECT:	Independent Browers United Corporation			
	Name of Corp	oration		
DOCUMENT NU	MBER: F0600	0006977		
The enclosed States	nent of Change of Registered Office/A	gent and fee are submitted for filing.		
Please return all con	rrespondence concerning this matter to	the following:		
	Stephanie S			
-	Name of Contac	et Person		
	CT Corpora	tion		
1	Firm/Comp	ялу		
	208 S. LaSulle, S	Suite 814		
•	Address			
		•		
	Chicago, IL 6			
	City/State and 2	Lip Code		
	LWarren@jenne	r.com		
	E-mail address: (to be used for futu	re annual report notification)		
For further informat	ion concerning this matter, please call			
Nam	e of Contact Person	Area Code & Dayfime Telephone Number		
Enclosed is a \$35.00	I check made payable to the Departme	nt of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Amendment Section Division of Corporations	Amenament Section Division of Corporations		
	P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

Tallahassee, FL 32314

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

			ed under the laws of the Stated and agent, or both, in the Stat	
1. The name o	of the corporation: Independ	ent Brewers United	Corporation	
2. The princip	al office address: 91 S. RO	YAL BROUGHAM	I WAY, SEATTLE WA 9813	4
3. The mailing	address (if different):			
4. Date of inco	orporation/qualification:	11/07/2006	Document number:	F06000006977
	nd street address of the currentment of State: (If resign		nt and registered office on f	ile with the
•	NATIONAL CORPORA	te research, l	TD., INC.	
•	515 EAST PARK AVEN	ŲE		
• •	TALLAHASSBE FL 323	01 US		
6. The name a (if changed)	:	registered agent (	(if changed) and /or registers	at office
	C T Corporation System			
	c/o C T Corporation Syste			
	Plantation, Florida 33324	P.O. Box NOT p	ccoptable	 ද
as changed wi	II be identical.		dress of the business office	
Such change vauthorized by	was authorized by resolutions the board, or the corporat	on duly adopted b ion has been notif	y its board of directors or life in writing of the chang	by an officer so c.
Rteals	ul		Stephanie Sabo	•
	TUTE OF BIT CHROCK OF CHIECTOR	<del>.</del>	Printed or typed nam	
I hereby accept further agree of my duties, a document is be corporation he	of the appointment as regi e to comply with the provi- and I am familiar with and eing filed merely to reflect as been notified in writing	stered agent and e sions of all statute accept the obliga a change in the r of this change.	agree to act in this capacit is relative to the proper an ition of my position as regi registered office address, I	y d complete performance stered agent. Or, if this hereby confirm that the
	Corporation System	ų λ	07/13/20	
3	ignature of Registered Agent		Dato	
If signing on b	ehalf of an entity:			
	Assistant Soundary Ashiby Pipes		•	
	Typed or Printed Name		20 4 A A A A A	
		* FILING FEE		
λ	Make Checks P. Mail to: Division of Coi	AYABLE TO FLORE RPORATIONS, P.O.	ida Department of Stat . Box 6327, Tallahassee	E, FL 32314

PLANS - UTI SANGE C T System Ordica

CR2E045 (8/05)