

F0700000 1130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000199490310

04/04/11--01020--019 \*\*35.00

FILED

11 APR 18 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA 019  
100  
4/19

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2011

Sorry - Wrong form was  
attached -JUDY CULVER  
CLAS INFORMATION SERVICES  
2020 HURLEY WAY, STE. 350  
SACRAMENTO, CA 95825SUBJECT: ~~DRINK FOUR BREWING COMPANY, LLC~~  
Ref. Number: M110000009397Phusion Projects Inc.  
F07000001130

We have received your document for DRINK FOUR BREWING COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 911A00008172

(850) 245-6030

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PHUSION PROJECTS INC  
Name of Corporation

**DOCUMENT NUMBER:** F07000001130

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDY CULVER  
Name of Contact Person

CLAS INFORMATION SERVICES  
Firm/Company

2020 HURLEY WAY, STE. 350  
Address

SACRAMENTO, CA 95825  
City/State and Zip Code

jc@clasinfo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDY CULVER at ( 800 ) 447-6237  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PHUSION PROJECTS INC
2. The principal office address: 1658 MILWAUKEE AVENUE, STE. 424, CHICAGO IL 60647
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/27/2007 Document number: F07000001130

5. 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)

REGISTERED AGENT SOLUTIONS, INC

155 OFFICE PLAZA DR., SUITE A

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.

515 EAST PARK AVENUE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

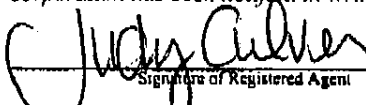
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

CHRIS HENNEFORTH, CHIEF FINANCIAL OFFICER  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

4/6/2011  
Date

If signing on behalf of an entity:

JUDY CULVER, ASSISTANT SECRETARY  
Typed or Printed Name

\*\*\* 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)

FILED  
11 APR 18 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA