F/1000000769

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DEPARTMENT OF STATE
12 JAN 20 AM 10: 54



ROP 12



RPORATION SERVICE COMPANY.

ACCOUNT NO. : 12000000195

REFERENCE : 97606

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: November 10, 2011

ORDER TIME : 10:15 AM

ORDER NO. : 976069-015

CUSTOMER NO: 7858506

CHANGE OF AGENT

NAME: CRISPIN CIDER COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of change is submitted for a corporation organized under the laws of the State of Minnesota
in order to change its registered office or registered agent, or both, in the State of Florida. CRISPIN CIDER COMPANY
The name of the corporation: CRISPIN CIDER COMPANY The principal office address: 405 Central Avenue SE #110, Minneapolis, MN 55414
3. The mailing address (if different): 405 Central Avenue SE #110, Minneapolis, MN 55414
4. Date of incorporation/qualification: 02/18/2011 Document number: F11000000769
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
NRAI Services Inc.
515 E. Park Ave.
Tallahassee, FL 32301
515 E. Park Ave. Tallahassee, FL 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
(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. Trevor Heron CEO
(Signature of an other of an empty accept the appointment as registered agent and agree to act in this capacity. 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. Corporation Service Company By: (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Sylvia Queppet, Asst. Vice President (Typed or Printed Name)

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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