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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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 annual report mailings. Enter only one email address please. \*\*

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## REGISTERED AGENT CHANGE CRISPIN CIDER COMPANY

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CT CORPORATION

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## **COVER LETTER**

SUBJECT:	CRISPIN CIDER COM	PAN'	Υ,		
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	ement of Change of Registered Office/Ap	gent s	and fee a	re subm	itted for filing.
Please return all c	orrespondence concerning this matter to	the fo	llowing	:	-
	Marcia You				
	Name of Contac	_	80 <u>1</u>		<del>,</del>
•					
	MillerCoors Firm/Comp			<del>-,</del>	·····
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	250 S. Wacker Drive	_	te 800		
	Address	•			
	Chicago, Illinois 6	06 <b>06</b> -	5888		
	City/State and 2	ip C	ode		
	marcia.young@milla	rcoon			V =
					itication)
	E-mail address: (to be used for futu	re an	nual re	роп по	•
For further inform	•		mual re	роп по	•
For further inform	nation concerning this matter, please call			рогі поз	·
	nation concerning this matter, please call	at (	312	,	496-2787
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Ni	Marcia Young  Some of Contact Person  On check made payable to the Department Mailing Address:	at (A	312 rea Code State. Street	) o & Day	496-2787 time Telephone Num
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CRZE045 (8/05)

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

	L LIJE COLIPOTALIONI		
2. The princips	f the corporation: CRISPIN CIDER COMPA al office address: 405 CENTRAL AVE SE #	110 MINNEAPOLIS MIN 55414	
3. The mailing	address (if different):		
4. Date of inco	progration/qualification; 02/18/2011	Document number:	F11000000769
	nd street address of the current registered a artment of State: (If resigned, enter resigne		with the
	CORPORATION SERVICE COMPANY		<del></del>
	1201 HAYS STREET		70
•	TALLAHASSEE FL 32301 US		12 KA
6. The name a (if changed)	and street address of the new registered ages	nt (if changed) and /or registered	$\omega \simeq$
,	C T Corporation System		EFF 2
	c/o C T Corporation System, 1200 South	Pine Island Road	95 0
	P.O. Box NO	T seceptible	
	Plantation, Florida 33324	····································	<del></del>
The street add	dress of its registered office and the street all be identical.	address of the business office of	f its registered agent,
	was authorized by resolution duly adopte the board, or the corporation has been no		
authorized by	A Br	Lisa Jordan, S	
3146	ature of an officer or director	Printed or typed name a	
I hereby acce I further agre of my duties, document is i corporation i	ppt the appointment as registered agent a se to comply with the provisions of all sta and I am familiar with and accept the ob being filed merely to reflect a change in th has been notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and ligation of my pasition as regist he registered office address, I he e.	complete performance ered agent. Or, if this ereby confirm that the
	T Corporation System	3/5/2012	
	Signature of Registered Agent	Dole	
	behalf of an entity:		
	Coopie Bryon — —		•

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