

F96000003134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

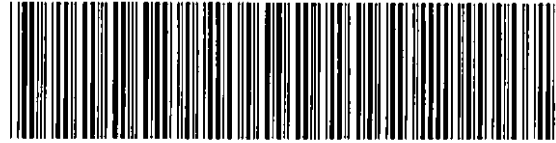
(Business Entity Name)

(Document Number)

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

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2023 OCT 18 AM 9:32

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 OCT 18 PM 12:06

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A. RAMSEY

OCT 19 2023

# GRAYROBINSON

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Ashley Sadler | Ashley.Sadler@gray-robinson.com | D 850.577.6956  
301 South Bronough Street, Suite 800, Tallahassee, Florida 32301 | T 850.577.9090 | F 850.577.3311

October 18, 2023

## VIA HAND DELIVERY

Registration Section  
Division of Corporations  
2415 N. Monroe St., Ste. 810  
Tallahassee, Florida 32303

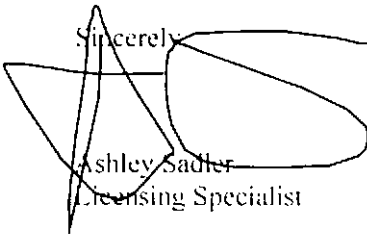
Re: Craft Brew Alliance, Inc.  
One Busch Place  
St. Louis, MO 63118

To whom it may concern:

Enclosed please find one Application by Foreign Profit Corporation to file Amendment to Application for Authorization to Transact Business in Florida and a check, payable to Florida Department of State Registration Section, in the amount of \$35.00 for the above listed entity.

Please contact me, directly, if you have any questions. I can be reached via e-mail ([Ashley.sadler@gray-robinson.com](mailto:Ashley.sadler@gray-robinson.com)) or phone (850-577-9090).

Sincerely,



Ashley Sadler  
Licensing Specialist

AS/aws  
Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Craft Brew Alliance, Inc.  
Name of Corporation

DOCUMENT NUMBER: F96000003134

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Sadler, Licensing Specialist

Name of Contact Person

GrayRobinson, P.A.

Firm/Company

301 S. Bronough St., Ste. 600

Address

Tallahassee, FL 32301

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Sadler

Name of Contact Person

at ( 850 ) 577-9090

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F96000003134

(Document number of corporation (if known))

1. Craft Brew Alliance, Inc.  
(Name of corporation as it appears on the records of the Department of State)

2. Washington 3. 6/20/1996  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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TALLAHASSEE, FLORIDA

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CFO</u>	<u>Christine Perich</u>	<u>125 West 24th St., New York, NY 10011</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>Vice President, State Tax</u>	<u>Bryan Dixon</u>	<u>One Busch Place, St. Louis, MO 63118</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Secretary</u>	<u>James W. Mathis</u>	<u>One Busch Place, St. Louis, MO 63118</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Erika Cohn

(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)

ERIKA COHN

(Typed or printed name of person signing)

ASSISTANT SECRETARY

(Title of person signing)

FILING FEE \$35.00