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ACCOUNT NO. : I2000000195

REFERENCE : 980547 7857208

AUTHORIZATION /

COST LIMIT

ORDER DATE: November 15, 2011

ORDER TIME : 9:26 AM

ORDER NO. : 980547-039

CUSTOMER NO: 7857208

CHANGE OF AGENT

NAME: USA TOBACCO DISTRIBUTING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Arizona er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: USA TOBACCO DISTRIBUTING, INC.
2. The principal	office address: 2019 W. Lone Cactus Drive, Phoenix, AZ 85027
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 11/10/1997 Document number: F97000005960
	d street address of the current registered agent and registered office on file with the rtment of State:
,	NRAI Services, Inc.
	515 E. Park Avenue
	Tallahassee, FL 32301
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
•	Tallahassee, FL 32301
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Ma	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change. So Service Company
By: S	11/14/2011
≯(Sig	gnature of Registered Agent) (Date)
If signing on be	chalf of an entity:
Sylvia Queppo	_
(1	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 * * *