LD8000070077

questor's Name)		
(Address)		
dress)		
y/State/Zip/Phone	e #)	
☐ WAIT	MAIL	
siness Entity Nar	me)	
(Document Number)		
_ Certificates	s of Status	
Special Instructions to Filing Officer:		
•		
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates	

Office Use Only



500220362845

02/03/12--01038--025 **75.00

FILED

12 FEB -3 PM 3: 13

SLUKETARY OF STATE
AND AMASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Canada	Dry Investments, LLC
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
Remo Polselli	
Name of Person	
Firm/Company	
7557 W. Sand Lake Road, #1	56
Orlando, FL 32819-510 City/State and Zip Code	
krystol rappuhn@yahoo.cor	n otification)
For further information concerning this matter	er, please call:
Anna Sigurdson	at (248) 645-5400
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	Canada Dry Investments, LLC
2. (a) Principal office address of limited liability com	pany: 55 E. Long Lake, #204
(Note: MUST BE STREET ADDRESS)	Troy, Michigan 48085
(b) Mailing address of limited liability company:	55 E. Long Lake, #204 B
(Note: MAY BE POST OFFICE BOX)	Troy, Michigan 48085
7/21/08 3. Date of filing/registration in Florida	L080000700
5. (a) Registered Agent and Registered Office shows	n on the records of the Florida Dept. of State:
Registered Agent:	Lloyd Falk
Registered Office Address:	600 SW 4TH AVENUE FORT LAUDERDALE FL 33315 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Remo Polselli
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7557 W. Sand Lake
111001_001_001	Orlando ,FL32819-510
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited office was/were authorized by an affirmative vote
/ Remo Polselli	
Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608 Fis. Or, if this document is being filed to address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to be proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.

Signature of Registered Agent