Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000049950 3)))



H140000499503ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850) 617-6383

RE-SUBMIT

From:

Account Name

C T CORPORATION SYSTEM STOP OF CONTROL OF CO

Account Number : FCA000000

Phone : Fax Number :

: (850)222-1092 : (850)878-5368 date of submission 2/28

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

2014 FEB 28 AM 9: 41
SECKETARY OF STATE
AND ANASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE ZICO BEVERAGES LLC

Certificate of Status	0
Certified Copy	0
Page Count	923
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

2/28/2014

N. Guiligan MAR - 4 2014

850-617-8381

3/3/2014 10:15:49 AM PAGE

17001

Fax Server



Division of Corporations

March 3, 2014

FLORIDA DEPARTMENT OF STATE

CT

SUBJECT: ZICO BEVERAGES LLC

REF: L11000059546

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: E14000049950 Letter Number: 014A00004553

RECEIVED

4 MR-3 PHI2: 41

SECRETARY OF STATE

RE-SURIVIT
Please of submission 28

P.O BOX 6327 - Tallahassee, Florida 32314

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

Pursuant to the provisions of sections 605.0114, 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.

2. (a) Principal office at (Note: MUST B		виедов ССС		_
	ldress of limited liability ESTREET ADDRESS	Company: One Cocs-Cols Plaza Atlanta, Georgie 30313		_
(b) Mailing address of (Note: MAY BE	of limited liability compar R. POST OFFICE BOX	ny:	SEGR	- 2014 F
05/20/2011		L11000059648	HAS	FEB 2
3. Date of filing/registrat	tion in Florida	4. Document number	SEZ Y O	8
5. (a) Registered Agent	and Registered Office sh	hown on the records of the Florida Dep	ot. of State:	A
Registered Agent	•	NRAI Services, Inc.	ORIE -	<u>ب</u>
Registered Office	Address:	1200 South Pine Island Road Plantation, FL 33324	→	_ _
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	C T Corporation System 1200 South Pino Island Road			
(MUSI BE FLU	KUDA SI KEBI ADDRE	Plantetion	FL 33824	
confirmed that after the c and the business office of liability company, it is he the members of the limite the operating agreement	hange or changes are ma f the registered agent will breby confirmed that the c ed liability combany or as	nder the laws of the State of Florida, in de, the Florida street address of the red be identical. Or, in the case of a Flor change(s) was/were authorized by an a softerwise provided in the articles of mpany.	gistered office ida limited ffirmative vote	of
Attitude of a remain and all the				
Christophe Printed or typed name of lignee	n P. Nolan	ent and agree to act in this capacity. It is the proper and complete performan of my position as registered gent as the release of the releas		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (12/13)