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ACCOUNT NO. : 072100000032

REFERENCE : 820475

7267739

TO THE PARTY

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : January 19, 2006

ORDER TIME : 12:18 PM

ORDER NO. : 820476-030

CUSTOMER NO: 7267739

CHANGE OF AGENT

NAME: MOLSON USA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS:

## 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. The name of the limite	ed liability company is:	MOLSON USA	A, LLC		
2. The mailing address o	f the limited liability co	ompany is: _10	658 Cole Blvd., Blo	lg. 6, Suite 100	
Golden, CO 80401					
December 8, 2000		·	M00000002509		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of	ered agent and the regis	stered office ac	ldress as shown	on the records of the	
1 tottaa 2 opai iii on		orporation System	1		
		Name		• • • • • • • • • • • • • • • • • • • •	
1200 South Pine Island Road					
Address				THE CREEKS	
	Plantation, FL 333			NE 23	
	City,	State and Zip		是 23	
6. The name and address	of the new registered a	gent and/or of	fice:	第一章 D	
	Corporation Service Company				
	Name S				
	1201 Hays Street				
	Florida street addres	s (P.O. Box No	OT acceptable)		
	Tallahassee	<u>FL</u>	32301		
	City, S	State and Zip			
If the limited liability cor- confirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	hange or changes are no the registered agent we creby confirmed that the mited liability company	nade, the Floric rill be identical e change(s) wa r or as otherwis	da street address . Or, in the case is/were authorize	of the registered office of a Florida limited	
(Signature of a member or author	ized representative of a memb	er)			
Cynthia . Coldma (Printed or typed name of signee	n- Member	<u> </u>			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered a us of all statutes relative ad accept the obligation this document is being a that the limited liabili	gent and agree to the proper is of my position filed to merely ty company ha	e to act in this cor r and complete p on as registered r reflect a chang s been notified i	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.	

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

(Signature of Registered Agent) Michelle R. Vannoy, Asst/Vice President