

MD102000418

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.

((H10000055699 3)))



H100000556993ABC2

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) 617-6388

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 3/10/10

See rejection
letter

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

Email Address: _____

LLC REGISTERED AGENT CHANGE GRAYHAWK LEASING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
10 MAR 11 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 12 2010
EXAMINER



March 11, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GRAYHAWK LEASING, LLC
ONE PEPSI WAY
SOMERS, NY 10589

SUBJECT: GRAYHAWK LEASING, LLC
REF: M01000000418

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H10000055236
Letter Number: 010A00006021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRAYHAWK LEASING, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nora Ryan
Name of Person

PepsiAmericas, Inc.
Firm/Company

1475 East Woodfield Road, Suite 1300
Address

Schaumburg, IL 60173
City/State and Zip Code

nora.ryan@pepsico.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nora Ryan at (847) 394-7266
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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

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: GRAYHAWK LEASING, LLC

2. (a) Principal office address of limited liability company: ONE PEPSI WAY

☐ (Note: **MUST BE STREET ADDRESS**) SOMERS, NY 10589

☐ (b) Mailing address of limited liability company: ONE PEPSI WAY

☐ (Note: **MAY BE POST OFFICE BOX**) SOMERS, NY 10589

02/23/2001 3. Date of filing/registration in Florida M01000000418 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NRAI SERVICES, INC.

Registered Office Address: 2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sandra Gilliss
Signature of Member or authorized representative of a member

Sandra Gilliss, Member
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System Rebecca Barth Assistant Secretary
Signature of Registered Agent Rebecca Barth

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

INHS18 (05/08)

FLD13 - 05/07/2009 C T System Online

FILED
2010 MAR 10 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA