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EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07-20-2012

NAME: NIAGARA BOTTLING LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: \$25

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT 20 AM 10: 04 BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the understanted limited E. FLORIDA agent, or both, in the State of Florida.

agent, or both, in the state of 1 tortain.		
Name of the limited liability company:	NIAGARA BOTTLING, LLC	
2. (a) Principal office address of limited liability comp	any: 2560 E. Philadelphia Street	
(Note: MUST BE STREET ADDRESS)		
	Ontario, CA 91761	
(b) Mailing address of limited liability company:	Ninger Rottling LLC	
(Note: MAY BE POST OFFICE BOX)	Orlein : CA 9176/	
July 26, 2007	M0700004468	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:	
Registered Agent:	CT Corporation System	
Registered Office Address:	1200 South Pine Island Road	
	Plantation, Florida 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office address: National Corporate Research, Ltd., Inc	
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive	
(MCST DD TEOMOTHILLET NODICESS)	Tallahassee,FL_32301	
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as cor the operating agreement of the limited liability company or as cor the operating agreement of the limited liability company or as correctly agreement of the limited liability company of a member of authorized representative of a member.	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote	
And Ports II 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 mention of S. Or, if this document is being filed to address, I hereby confirm that the limited liability com		
Signature of Registered Agent Lucy Dawson, Assistant Se-		
Division of Corporations, P.O. Bo FILING FE	· · · · · · · · · · · · · · · · · · ·	