

M110000004953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

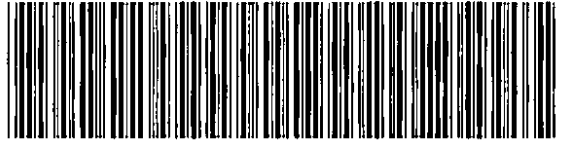
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2007 NOV 21 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

GRAY ROBINSON

Ashley Sadler | Ashley.Sadler@gray-robinson.com | D 850.577.6956
301 South Bronough Street, Suite 600, Tallahassee, Florida 32301 | T 850.577.9090 | F 850.577.3311

November 21, 2022

VIA HAND DELIVERY

Registration Section
Division of Corporations
2415 N. Monroe St., Ste. 810
Tallahassee, Florida 32303


Re: Anheuser-Busch, LLC
One Busch Place
St. Louis, MO 63118

Dear Sir or Madam:

Enclosed please find an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida and a check, payable to Florida Department of State Registration Section, in the amount of \$25.00 for the above listed entity.

Please contact me, directly, if you have any questions. I can be reached via e-mail (Ashley.sadler@gray-robinson.com) or phone (850-577-9090).

Sincerely,



Ashley Sadler
Licensing Specialist

AS/aws
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anheuser-Busch, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Sadler, Licensing Specialist

Name of Person

GrayRobinson, P.A.

Firm/Company

301 S. Bronough St., Ste. 600

Address

Tallahassee, Florida 32301

City/State and Zip Code

Lydia.Thomas@anheuser-busch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Sadler, Licensing Specialist at (850) 577-9090

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Anheuser-Busch, LLC

Enter new principal office address, if applicable: One Busch Place

(Principal office address
MUST BE A STREET ADDRESS) St. Louis, MO 63118

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M11000004953

3. Jurisdiction of its organization: Missouri

4. Date authorized to do business in Florida: 10/3/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL
SECRETARY OF STATE

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>Nick Caton</u>	<u>125 W 24th Street</u>	<input type="checkbox"/> Add
		<u>New York, NY 10011</u>	<input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Ricardo Mattos</u>	<u>360 E. 89th St., Apt. 23A</u>	<input checked="" type="checkbox"/> Add
		<u>New York, NY 10128</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Robert Tallett</u>	<u>125 W 24th Street</u>	<input type="checkbox"/> Add
		<u>New York, NY 10011</u>	<input checked="" type="checkbox"/> Remove
<u>Sec</u>	<u>Thomas Larson</u>	<u>One Busch Place</u>	<input type="checkbox"/> Add
		<u>St. Louis, MO 63118</u>	<input checked="" type="checkbox"/> Remove
<u>Asst. Sec</u>	<u>Peter Van Den Bulck</u>	<u>One Busch Place</u>	<input type="checkbox"/> Add
		<u>St. Louis, MO 63118</u>	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FL

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Asst. Sec.	Federico Bueno Icaza	One Busch Place	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63118	<input type="checkbox"/> Remove
Asst. Sec.	Kenneth Judd	One Busch Place	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63118	<input type="checkbox"/> Remove
Asst. Sec.	James W. Mathis	One Busch Place	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in jurisdiction under the law of which this entity is organized.

Lydia A. Thomas
Signature of the authorized representative

Lydia A. Thomas
Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
FALL HASSETT, FL

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