ida Department of States Division of Corporations Electronic Filing Cover Sheet

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To:

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Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048 : (800)345-4647

Fax Number : (800) 432-3622 JUL 2: 200

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

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LLC REGISTERED AGENT CHANGE U.S. SMOKELESS TOBACCO COMPANY LLC

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

Pursua submit Florid	ant to the provisions of sections 605.0114 or 605.0. s the following statement in order to change its a.	registered of	Statutes, the undersigned limited liability confice or registered agent, or both, in the Store COMPANY LLC	npany ate of
	me of the Limited Liability Company:	VELESS I	UBACCO COMPANY LLC	
2. (a)	6603 WEST BROAD STREET	(b)	6603 WEST BROAD STREET	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	•
	RICHMOND, VA 23230		RICHMOND, VA 23230	
	3/26/2014	<u>N</u>	M14000002061	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	C T CORPORATION SYSTEM			
• • •	Registered Agent and Registered Office shown on the records	of the Florida D	Dept. of State;	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		
	PLANTATION,	FL_33324	22.20	
(b)	Capitol Corporate Services, Inc.			
(-)	Enter name of NEW Registered Agent and/or NEW Register	red Office addr	LES : C	
	515 East Park Avenue 2nd Fl			
	NEW Registered Office Address:		. u.c.	
	Tallahassee	FL_32301		
the chr agent v was/w the art	dimited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the interest of a member of a member or authorized representative of a member of the proper and completely accept the appointment as registered agent and a ligations of my position as registered agent as provided prefered a change in the registered office address, at its uniting of his change. Krista Absir, A.	in the registes liability comps of the limited liab Brian Rad agree to act in the performant ded for in Che I hereby conf	peny, it is hereby confirmed that the change(s inpany, it is hereby confirmed that the change(s inpany, it is hereby company or as otherwise provided ibility company. Ideald, Attorney-in-Fact on behalf of Mary C. Bigelow, Sec	in aretary
Signati	are of Registered Agent			

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