8/26/2019 Division of Corporations

P19000085155

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.

(((H19000256634 3)))

H19000256634ABC3

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)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: tony.mum@lucketlinc.com

REGISTERED AGENT CHANGE

COMPAGNIE DES TABACS COMME IL FAUT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$35.00

RECEIVED
2019 AUG 26 PM 2:12

FILED
2019 AUG 26 A 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

AUG 27 2019
T. LEMIEUX

(((H19000256634 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPAGNIE DES TABACS COMME IL FAUT INC.
Name of Corporation

DOCUMENT NUMBER: P06000085155

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Murr
Name of Contact Person

COMPAGNIE DES TABACS COMME IL FAUT, INC.
Firm/Company

2000 Warrington Way, STE. 163
Address

Louisville, KY 40222
City/State and Zip Code

tony.murr@luckettinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark at (800) 277-9977
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

(((H190006634 3)))

(((H190006634 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *In order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: COMPAGNIE DES TABACS COMME IL FAUT, INC.
2. The principal office address: 2000 WARRINGTON WAY, STE 163
   LOUISVILLE, KY 40222
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/22/2006 Document number: P06000085165
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   FALK, JACK AJR.
   560 BILTMORE WAY, SUITE 810
   CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   URS AGENTS, LLC
   3468 LAKESHORE DRIVE
   P.O. Box NOT acceptable
   TALLAHASSEE, FL 32312

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director — Anthony N. Moore Director — Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Kathy Clark — Signature of Registered Agent
8/26/19 — Date

If signing on behalf of an entity:

Kathy Clark, Asst. Secretary
Typed or Printed Name

FILED
2019 AUG 26 AM 8:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

(((H190006634 3)))