P22340

(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	R):



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: October 4, 2017

Order#: 840909-001

Re: BROWN DISTRIBUTING COMPANY, INCORPORATED

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	ange is submitted for a corport	12, 617.0502, 607.1508, or 617.1508, Florida ation organized under the laws of the State of te or registered agent, or both, in the State of I	Virginia
1. The name of	the corporation: BROWN DIST	FRIBUTING COMPANY, INCORPORATED	
	office address:	BEACH FL 33405	
3. The mailing a	address (if different): 7986 VIL	LA PARK DRIVE RICHMOND, VA 23228	
4. Date of incor	poration/qualification: 12/29/1	Document number: P22340	
	d street address of the current r rtment of State: (If resigned, er	egistered agent and registered office on file w nter resigned)	ith the
	CAPITOL CORPORATE SEI	RVICES, INC.	
	515 EAST PARK AVENUE 2	ND FL	<u>هسي</u> .
	TALLAHASSEE	FL 32301	F 11.
6. The name and (if changed):	d street address of the new regi	stered agent (if changed) and /or registered of	fice of AMII: 36
	Corporation Service Compar	ny	= =
	1201 Hays Street		5 · 5
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its	s registered agent,
Such change wa authorized by the	is authorized by resolution duli the board, or the corporation ha	ly adopted by its board of directors or by an oss been notified in writing of the change.	officer so
Sugnetiv	te of an officer or director	Jill Cilmi	Vice President
I hereby accept I further agree to performance of agent. Or, if this hereby confirm) the appointment as registerea to comply with the provisions my duties, and I am familiar v s document is being filed mer	Printed or typed name and titled agent and agree to act in this capacity of all statutes relative to the proper and compait with and accept the obligation of my position ely to reflect a change in the registered officing in writing of this change.	plete as registered
By: I have	ature of Registered Agent	10/02/2017	
	half of an entity:	Date	
	Asst. Vice President		
 -	ped or Printed Name		

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

* * * FILING FEE: \$35.00 * * *