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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

COORS BREWING COMPANY

Certificate of Status	0
Certified Copy	. 0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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PAGE 01/02

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

statement of	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, 1 If change is submitted for a corporation organized under the laws of the S order to change its registered office or registered agent, or both, in the S	state of Colorado
1. The name	e of the corporation: Coors Brewing Company	
2. The princ	cipal office address: 311 10th Street, NH311, Golden, Co Exto	
3. The maili	ing address (if different):	
4. Date of in	ncorporation/qualification: 10/\$1/1990 Document number:	231559
5. The name Florida D	c and street address of the current registered agent and registered office or repartment of State:	n file with the
,	Corporation Service Company	97 SE
	1201 Hays Street	CREET OF T
	Tallahassee, FL 32301	IARY ASS
6. The name (if change	e and street address of the new registered agent (if changed) and /or registered):	
	C T Corporation System	23
	c/o C T Corporation System, 1200 South Pine Island Road	
·	(P.O. Box NOT acceptable) Plantation, Florida 33324	
=	address of its registered office and the street address of the business of will be identical. e was authorized by resolution duly adopted by its board of directors of the board on the corporation has been notified in writing of the cha	
	granture of absorption or director) (Printed or typed	N V V
I hereby acc I further agr of my duties, document is corporation	cept the appointment as registered agent and agree to act in this capal ree to comply with the provisions of all statutes relative to the proper, and I am familiar with and accept the obligation of my position as re being filed merely to reflect a change in the registered office address, has been notified in writing of this change. C T Corporation System	city and complete performance egistered agent. Or, if this , I hereby confirm that the
ву:	(Signature of Registered Agent)	
f signing on	a behalf of an entity: Erin McBrearty Assistant Secretary (Typed or Printed Name)	· ·
•	(1) Non or 1 childer (series)	

* * * 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 (8/05)