

DOCUMENT ID 201307300847

DESCRIPTION DOMESTIC/AGENT RESIGNATION (AGR)

CERT .00

Receipt

This is not a bill. Please do not remit payment,

BUCKLEY KING WOODS KING III 600 SUPERIOR AVE. E #1400 CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

884489

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BRAMS BEVERAGE, INC.

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC/AGENT RESIGNATION

201307300847

Effective Date: 03/12/2013

United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of March, A.D.

Ohio Secretary of State

for Hustel



Form 521 Prescribed by: JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 788 Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00). P.O. Box 1390 Columbus, OH 43216

Statutory Agent Update Filing Fee: \$25 (CHECK ONLY ONE(1) BOX) (3) Resignation of Agent Corp (155-AGR) (1) Subsequent Appointment of Agent (2) Change of Address of an Agent Corp (145-AGA) Corp (165-AGS) ☐ LP (155-AGR) ☐ LP (165-AGS) □ LP (145-AGA) LLC (153-LAG) LLC (171-LSA) LLC (144-LAD) Partnership (153-AGR) ☐ Business Trust (171-LSA) Business Trust (144-LAD) Business Trust (153-LAG) Real Estate Investment Trust (171-LSA) Real Estate Investment Trust (144-LAD) Real Estate Investment Trust (153-LAG) Name of Entity Brams Beverage, Inc. Charter, License or Registration No. 884489 O.R.C. Statutory Service Corp. Name of Current Agent Complete the information in this section if box (1) is checked Name and Address of New Agent Name of Agent Mailing Address City Zip Code

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Last Revised: 11/29/12

| Name of Business Entity and accepts the appointment of statutory agent for said entity. Signature: Individual Agent's Signature/Signature on behalf of Corporate A If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the ag an Ohio resident. Complete the Information in this section if box (2) is checked New Address of Agent Mailing Address City State Zip Code If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the ag an Ohio resident. Complete the information in this section if box (3) is checked The agent of record for the entity identified on page 1 resigns as statutory agent. Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the | | | ACCEPTANCE OF APPOINTMENT | FOR DOMESTIC | ENTITY'S AGEN | I - |
|---|---------------|----------------|---|-----------------------|------------------|----------------------------|
| Name of Business Entity and accepts the appointment of statutory agent for said entity. Signature: | The Undersiq | gned, | Name of Agent | | | , named herein as the |
| Signature: Individual Agent's Signature/Signature on behalf of Corporate A If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the ag an Ohio resident. Complete the information in this section if box (2) is checked New Address of Agent Mailing Address City City State Zip Code If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the ag an Ohio resident. Complete the information in this section if box (3) is checked The agent of record for the entity identified on page 1 resigns as statutory agent. Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filling or prior to the date filed. 2200 South Ocean Lane, No. 2901 Mailing Address Fort Lauderdale FL 33316 | statutory age | ent for | Name of Business Entity | | | , hereby acknowledges |
| If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the ag an Ohio resident. Complete the information in this section if box (2) is checked New Address of Agent Mailing Address Ohio City State Zip Code If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the ag an Ohio resident. Complete the information in this section if box (3) is checked The agent of record for the entity identified on page 1 resigns as statutory agent. Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed. 2200 South Ocean Lane, No. 2901 Mailing Address Fort Lauderdale FL 33316 | and accepts | the app | pintment of statutory agent for said entit | ty. | | |
| If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the ag an Ohio resident. Complete the information in this section if box (2) is checked New Address of Agent Mailing Address City Ohio State Zip Code If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the ag an Ohio resident. Complete the information in this section if box (3) is checked The agent of record for the entity identified on page 1 resigns as statutory agent. Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filling or prior to the date filed. 2200 South Ocean Lane, No. 2901 Mailing Address Fort Lauderdale FL 33316 | | | Signature: | | | |
| an Ohio resident. Complete the information in this section if box (2) is checked New Address of Agent Mailing Address Ohio City State Zip Code if an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent of new an Ohio resident. Complete the information in this section if box (3) is checked The agent of record for the entity identified on page 1 resigns as statutory agent. Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filling or prior to the date filed. 2200 South Ocean Lane, No. 2901 Mailing Address Fort Lauderdale FL 33316 | | | Inc | lividual Agent's Sign | nature/Signature | on behalf of Corporate Age |
| Mailing Address City State City State Cip Code If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent Ohio resident. Complete the information in this section if box (3) is checked The agent of record for the entity identified on page 1 resigns as statutory agent. Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed. 2200 South Ocean Lane, No. 2901 Mailing Address Fort Lauderdale FL 33316 | [| | | 3ox, the agent mus | st check this bo | x to confirm that the agen |
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| Mailing Address Fort Lauderdale FL 33316 | Current or la | ist know | n address of the entity's principal office | | | Agent was sent as of the |
| Fort Lauderdale FL 33316 | | 200 Sot | th Ocean Lane, No. 2901 | | | |
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Last Revised: 11/29/12

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Agent update must be signed by an authorized representative (see instructions for specific information).

By (if applicable)

If authorized representative is an individual, then they must sign in the "signeture" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

By (if applicable)

Authorized Representative

Authorized Representative

Frint Name

By (if applicable)

Print Name

Print Name

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Last Revised: 11/29/12