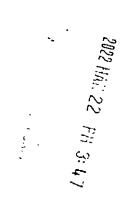


	(Requestor's Name)			
	(Address)			
((Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
<u> </u>				
((Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Certified Copies				
Special Instructions to	Filing Officer			
	•			

Office Use Only







CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

• • ----

ACCOUNT NO. : 12000000195				
REFERENCE : 564770 8371352				
AUTHORIZATION: Spell of Maria				
COST LIMIT : \$ 35.0				
ORDER DATE: March 21, 2022				
ORDER TIME : 2:27 PM				
ORDER NO. : 564770-007				
CUSTOMER NO: 8371352				
CHANGE OF AGENT				
NAME: WOODFORD PLYWOOD, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of the State of $_{}^{0}$	GA	
1. The name of t	he corporation: WOODFORD PLYWOOL	D, INC.		
2. The principal				
3. The mailing a	ddress (if different): PO BOX 50007 ALE	BANY, GA 31703		
	poration/qualification: 06/15/1979		_	
	street address of the current registered at tment of State: (If resigned, enter resigne		1 the	
	ILER, KAREN W		70.72 F. F. C.	
	4963 SWAMP FOX ROAD	-	021E8 22	
	TALLAHASSEE, FL 32304			
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):			# 9 4 6 55	
	Corporation Service Company			
	1201 Hays Street			
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.				
	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an o iffied in writing of the change.	fficer so	
	and Mas C	Darin Wood	President	
ŭ	e of an officer or director	Printed or typed name and title	•	
I further agree to of my duties, and document is being corporation has	the appointment as registered agent and ocomply with the provisions of all state I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company	l agree to act in this capacity, ites relative to the proper and comp gation of my position as registered registered office address, I hereby	olete performance agent. Or, if this confirm that the	
By: Dra	e t-Kuby	03/22/2022		
Sign	nature of Registered Agent	Date		
If signing on bel	nalf of an entity:			
	Asst. Vice President			
iy	ped or Printed Name * * * FILING FE	F. 535 00 * * *		
	FILITOFE	Ere aparatelli		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)