811800

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



400112566134

12/05/07--01028--001 **70.00



212/0/07 MWD

COVER LETTER

Amendment Section Division of Corporations

| SUBJECT: Weyerhaeuser Real Estate Company | | | | |
|--|--|--|--|--|
| (Name of Corporation) | | | | |
| DOCUMENT NUMBER: 843860 4 811860 | | | | |
| 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: (Name of Contact Person) | | | | |
| Ger Corporate Services/NRAT | | | | |
| | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: at (200) 672-4508 (Name of Contact Person) at (Area Code & Daytime Telephone Number) | | | | |
| (Area code & Daytime Telephone Number) | | | | |

Mailing Address:
Amendment Section

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

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

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

| - | | .0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of <u>WA</u> | |
|--|---|---|--------------------|
| in orde | r to change its registered office or re | gistered agent, or both, in the State of Florida. | |
| 1. The name of t | the corporation: | Weyerhaeuser Company | |
| 2. The principal | | CH 1C28 PO BOX 9777 FEDERAL WAY WA 98063-977 | 77 |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 04/25/1957 | Document number: 811860 | |
| 5. The name and | | ed agent and registered office on file with the | |
| | C T CORPORATION SYSTEM 1200 SOU | TH PINE ISLAND RD. PLANTATION FL 33324 | |
| 6 The name and | I street address of the new registered | agent (if changed) and /or registered office | 2007 |
| (if changed): | NRAI Services, Inc. | agent (if changed) and /or registered office | 2001 DEC -5 |
| | | | <u>.</u> |
| | 2731 Executive Park Dri | | 圣二 |
| | Weston, FL 33331 | <u></u> | - |
| as changed will | be identical. | reet address of the business office of its registered age | nt, |
| Such change was | as authorized by resolution duly add ne board, or the corporation has bee | opted by its board of directors or by an officer so in notified in writing of the change. | |
| (Signati | are of arrothicer or director) | JACK CASKEY, VICE PRESIDENT (Printed or typed name and title) | _ |
| I hereby accept I further agree of my duties, an document is bei corporation has | the appointment as registered agen to comply with the provisions of all In am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this cha | nt and agree to act in this capacity. statutes relative to the proper and complete performa obligation of my position as registered agent. Or, if t in the registered office address, I hereby confirm that t inge. | nce this the |
| | mi Ottube gnature of Registered Agent) | 11-15-07 (Date) | _ |
| If signing on be | chalf of an entity: | | |
| | ILMAN, ASST SECY Typed or Printed Name) | | |

* * * 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)