

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000344183 3)))



H190003441833ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	To:								
			Division of Corporations						
		Fax Number	: (850)61	7-6383					
	From:								
LC.		Account Name			SERVICES,	INC.			
٠.,	•	Account Numbe							
		Phone	: (800)34						
<u> </u>		Fax Number	: (800)43	2-3622					
2 no.11 (1a)	REGISTERED AGENT CHANGE FLORIDA SAWMILLS L.P.								
		ertificate of Status		0	- T	7 :			
	L C	A CTITOCOCO OL CICATOO		11	III 6.				
		ertified Copy		0	f. 1:9	<b>.</b> .			
	Cc Pa			0 01 \$35.00	2: 16 * is	<b>.</b> .			

(((H19000344183 3)))

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

l		<u>iw</u> mills L.P.				
Nome of	Limited Purtnership or Lie	mited Liability Lir	nited Partnersh	ip		
· · · · · · · · · · · · · · · · · · ·	/2012	3. A1200000355				
Date of filing/registration in Florida		Florida document number				
i. The name of the register Department of State:	red agent and the registered	office address as	shown on the n	oconds of the	Florida	
	NRAI Sen	vices, Inc.				
	Nor					
	1200 South Pine Island Road					
<del></del>	Address					
	Plantation,	FL 33324				
	City, State	e and ZIp				
5. The name and Florida st	reet address of the new regi	lstomd soon and b	wa Maar	_		
	-	_		ŗ	Fx2	
	Capitol Corporate		<u>C.</u>	:	YON GET	
	Nar			;}	<del>-</del>	
	515 East Park Avenue, 2nd Floor				99 90	
(/)	Florida street address (P.	O. Box not recept	labie)		12	
1 1 1/1/1	Tallahessee	FL.	32301		ហ	
_	City, State	and Zip			Ū	
. Such chankers wooden	feative when filed by the l'i	oridu Dopomment	of Sinte.	5	1:3	
$ \bigcirc$ $\mu$ $\gamma$ $\gamma$ $\gamma$ $\gamma$			U. D	Ė,		
agnatore of Decoral Taylor					<del>~</del>	
/// V /~ -						
hereby accord the appaint	ment as registered agent on	nd agree to act in i	his capacity. I	fiother agree	e /n	
oudity with the provisions of I gos familier with an a	of all statutes relative to the ocept the obligations of my	e proper ana canij position as regist	nete perjorman tred agent.	ice of my deta	HES,	
Dulani	/ I .	st.sec.	Ü			
Ignature of Registered Age		-c-macc.				
•						
Allag Fee:	\$35.00					
Certified Copy (option						