

B9400000219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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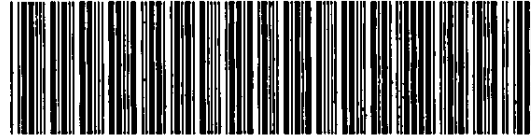
(Business Entity Name)

(Document Number)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOLEY TIMBER AND LAND COMPANY, LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B94000000219

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JUDY CULVER

Contact Person

CLAS INFORMATION SERVICES

Firm/Company

2020 HURLEY WAY, STE 350

Address

SACRAMENTO, CA 95825

City, State and Zip Code

gsalas@oakmont.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDY CULVER

Name of Contact Person

at (800)

447-6237

Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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**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.

1. FOLEY TIMBER AND LAND COMPANY, LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/07/1994
Date of filing/registration in Florida

3. B94000000219
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE, FL 32301

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI SERVICES, INC.

Name

1500 SOUTH PINE ISLAND ROAD

Florida street address (P.O. Box not acceptable)

PLANTATION FL 33324

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Peter Carlton

Signature of General Partner

PETER W. CARLTON, PRESIDENT OF FOLEY TIMBER COMPANY, INC., GENERAL PARTNER

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Judy Culver

Signature of Registered Agent

JUDY CULVER, ASSISTANT SECRETARY OF NRAI SERVICES, INC.

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

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