

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : I2C160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

*Nancy*  
R. WHITE  
JUN 19 2018

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
LOG CABIN HOMES LTD CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2018 JUN 18 PM 12:15

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE

18 JUN 18 AM 11:08

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE In order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: LOG CABIN HOMES LTD CORPORATION
2. The principal office address: 250 COMMERCIAL DRIVE, ST. AUGUSTINE, FL 32092
3. The mailing address (if different): PO DRAWER 1457, ROCKY MOUNT, NC 27802
4. Date of incorporation/qualification: 11/13/2006 Document number: F06000007175
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

Street Address

PLANTATION

City

FL

State

33324

Zip Code

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.

515 East Park Avenue 2nd Fl

Street Address

P.O. Box NOT acceptable

Tallahassee

City

FL

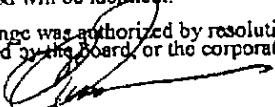
State

32301

Zip Code

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

TOM VESCE V.P.  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Delanie Case

Signature of Registered Agent

6.18.18

Date

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.  
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

CR2R045 (03/12)

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