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(Requestor's Name)

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(City/State/Zip/Phone #)

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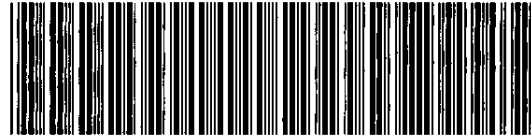
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Drennen Forestry Services, Inc  
Name of Corporation

**DOCUMENT NUMBER:** FO7000000773

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:

Jane R Ellison  
Name of Contact Person

Drennen Forestry Services, Inc  
Firm/Company

P.O. Box 1029  
Address

Cullman, AL 35056  
City/State and Zip Code

jellison@drennenforestry.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane R Ellison at 256, 739-8344  
Name of Contact Person Area Code & Daytime Telephone Number

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

**Mailing Address:**  
Amendment Section  
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**

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 Alabama in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Drennen Forestry Services Inc
2. The principal office address: 115B 4th St SE Cullman, AL 35055
3. The mailing address (if different): PO Box 1029 Cullman, AL 35056
4. Date of incorporation/qualification: 2/8/07 Document number: F07000000773
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)  
NRAI Services, Inc  
2731 Executive Park Dr. Suite 4  
Weston, FL 33331
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Geoffrey P. Ellison  
198 Antigua Dr.  
Port St Joe, FL 32456

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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.

Jane R Ellison  
Signature of an officer or director

Jane R Ellison Secretary  
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.

Geo P. Ellison  
Signature of Registered Agent

10/19/2010  
Date

If signing on behalf of an entity:

Geoffrey P. Ellison  
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)