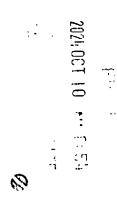


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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 35.0 ORDER DATE: September 30, 2024 ORDER TIME : 3:0 PM ORDER NO. : 662227-013 CUSTOMER NO: 8462598 CHANGE OF AGENT NAME: ROSEBURG FOREST PRODUCTS CO. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX _ PLAIN STAMPED COPY CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: _____

$\boldsymbol{\bot}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502 nge is submitted for a corpora r to change its registered office	ion organized under the la	iws of the Ste	ate of OR	
1. The name of the	he corporation: ROSEBURG	FOREST PRODUCTS C	O		
2. The principal of					
3. The mailing ac	ddress (if different):	·			
4. Date of incorp	oration/qualification: 04/26/2	019 Document	number: F1	19000002036	
5. The name and	street address of the current retment of State: (If resigned, en	gistered agent and register	ed office on	file with the	 20:
	C T CORPORATION SYSTE	EM		-	24 00
	1200 SOUTH PINE ISLAND ROAD				2024 OCT 10
	PLANTATION	FL	33324		
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office (C) Corporation Service Company				
	1201 Hays Street				
	P.O. Box, NOT acceptable				
	Tallahassee	FL	32301		
The street address changed will	ss of its registered office and be identical.	the street address of the b	usiness offic	ce of its regist	ered agent.
Such change wa authorized by th	s authorized by resolution dule board, or the corporation ha	y adopted by its board of s been notified in writing	directors or of the chang	by an officer ge.	so
/S/ Jill Cilmi			Jill Cilmi,	Vice Preside	ent
-	e of an officer or director		ited or typed nam		
I further agree to of my duties, and document is bein corporation has	the appointment as registered of comply with the provisions of Lam familiar with and access filed merely to reflect a chibben notified in writing of the Service Company	of all statutes relative to to of the obligation of my po- inge in the registered offic	this capaci. he proper a sition as reg ve address, i	tv. nd complete p tistered agent I hereby confi	erformance Or if this rm that the
	nature of Registered Agent		Date		
If signing on bel	half of an entity:				
	Asst. Vice President				
Ty	ped or Printed Name				
	* * * F[LING FEE: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13) 662227