

F94000003055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE

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MAY 17 2016

ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FOLEY TIMBER COMPANY, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F94000003055

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:

JUDY CULVER  
Name of 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:

JUD CULVER at 800 447-6237  
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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: FOLEY TIMBER COMPANY, INC.
2. The principal office address: 865 S FIGUEROA ST, STE 700, LOS ANGELES, CA 90017
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/07/1994 Document number: F94000003055
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)

CORPORATION SERVICE COMPANY

1201 HAYS ST.

TALLAHASSEE, FL 32301

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

NRAI SERVICES, INC.

1200 SOUTH PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FL 33324

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.

*Peter Carlton*

Signature of an officer or director

PETER W. CARLTON, PRESIDENT

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.*

*Judy Culver*

Signature of Registered Agent

5/4/2016

Date

If signing on behalf of an entity:

JUDY CULVER, ASSISTANT SECRETARY

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 (03/12)

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TALLAHASSEE, FL 32301