

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

REGISTERED AGENT CHANGE

PRUDENTIAL TIMBER INVESTMENTS, INC.

OS SEP 23 AH 8: 00

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DIVISION OF CORPORATION

SEP. 23. 2005 2:52PM

CORPORATION SERVICE COMPANY

NO. 4073 P. 2

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS H05000227060

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of I	New Jorsey
1. The name of	the corporation: Prudential Timber Investments, Inc.	
·	office address: 800 Boylston Street, 15th Floor	
<b>2</b>	Boston, MA 02199	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: October 3, 1996 Decument number: F96000	005107
	d street address of the current registered agent and registered office on file wi runent of State:	ith the
	C T Corporation System	_
	1200 South Pine Island Road	_
	Plantation, FL 33324	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	SECRETAR VISION OF C
	Corporation Service Company	- <b>23</b>
	1201 Hays Street	_ <b>R</b> 88,6
	(P.O. Eox NOT socspiable)	STI ORZ
	Tallahasses, FL 32301	- = 語
The street address changed will	ess of its registered office and the street address of the business office of it be identical.	ts registered agen
Such change we authorized by th	as authorized by resolution duly adopted by its board of directors or by an ne board, or the corporation has been notified in writing of the change.	officer so
mil	Michael Morgan, Vice Pro	
I hereby accept I further agree to of my duties, an document is bet corporation has Conglicati By (Sig	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and condition of my position as registered agent and familiar with and accept the obligation of my position as registered agent and registered office address, I herely be notified my reflect a change in the registered office address, I herely be notified in writing of this change.  On Settliffice Complaint (Date)  (Date)  half of an entity:	
_		
Ann R. Shil	Ting ypod or Princed Name)	

\* \* \* FILING FEE; \$35.00 \* \* \*