Requester's Name Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1,	9000046662897
(Corporation Name)	(Document #) #****35.00 *****35.00
2(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS 0 %
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/OUALIEICATION
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other CARO Change

CR2E031(7/97)

Examiner's Initials (10)

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

	o the provisions of sections gned corporation organized		607.1508, or 617.1508, Flo State of <u>FLORIDA</u>	rida Statutes,
submits the	following statement in ord	er to change its registe	ered office or registered age	nt, or both, in
the State of	Florida.			
1. The name	e of the corporation:	UWANNEE DIXIE PRO	PERTIES, INC.	
2. The maili	ing address of the corporation	on: <u>PO BOX 1829</u> ,	LAKE CITY, FL 32056-	-1829
3. Date of i	ncorporation/qualification:		Document number:J287	'30
4. The name	and address of the current	registered agent and of	ffice:	
	JOHN E. NORRIS			
	201 N. MARION S	T., STE. 301		
	LAKE CITY, FL	32055		
5. The name	and address of the new reg		ed) and/or registered office (ble)	if changed):
-	CHRIS MCRAE		· · · · · · · · · · · · · · · · · ·	
	1677_MAHAN_CTR	BLVD		
	TALLAHASSEE, FL	32308		
The street a	ddress of its registered offi	ce and the street addre	ess of the business office of	ts registered
91			s board of directors or by ar	
1 Von	of medan h		9-28-	01
(Signa	ture of an officer, chairman on vice	chairman of the board)	(Date)	
JOE H.	ANDERSON, JR., PRESI		e de la companya de l	
Having beer corporation I further agi performance registered a	n named as registered agen , I hereby accept the appoi ree to comply with the prov e of my duties, and I am far	it and to accent service	e of process for the above st gent and agree to act in this elative to the proper and co the obligation of my positio	ated capacity. mplete n as
	Cesul	==7	10/8/01	
	(Signature of Registered Agent)		(Date) /	_ 5
	ehalf of an entity:			
CHRIS MO	CRAE (Typed or Printed Name)		(Capacity)	NOV
	(1)pod of 11med Hame)		(Capacity)	-5 SA
	* * *	FILING FEE: \$35.0	0 * * *	
CR2E045(9/00)	DIVISION OF CORPORATIONS	P.O. Box 6327	TAILAHASSEE, FL 32314	ED 7 OF STATE DRPORATIONS AM IO: 13