## 101000019080

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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July 3, 2017

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Rex Lumber, LLC, Document No.: L01000019080

To Whom It May Concern:

For the above referenced corporation, enclosed please find the following:

- 1) Cover Letter and Statement of Change of Registered Office or Registered Agent or both for Corporation
  - 2) Check No.: 115008 in the amount of \$25.00

Please process the above referenced forms to change the registered agent. s office address.

If you have any questions, please call me directly at 850-372-6151. Thank you.

Sincerely,

Stacy L. Walters, FRP

Paralegal to General Counsel

Graceville 850.263.2056

Bristol 850.643.2238

Brookhaven

Corporate 850.263.4457

/slw

Enclosures (as stated)

Post Office Box 7 Graceville, Florida 32440

REX-L'UMBER.COM

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	Rex Lumber, LLC		
		e of Limited Lia	bility Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the f	ollowing:
Frank	c E. Bondurant		
	Name of Person		_
	Firm/Company		_
P. O.	Box 7		
	Address		<del></del>
Grace	eville, FL 32440		_
	City/State and Zip Code		
swalte	ers@rex-lumber.com		
Е	-mail address: (to be used for future annual	ual report notific	eation)
For fur	ther information concerning this matter,	please call:	
Frank	E. Bondurant	850 at (	372-6150
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	amount:	
	<b>2</b> \$25 Filing Fee	□ \$55	5 Filing Fee & Certified Copy
INHS18	3 (2/14)		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	Name of the limited liability company: Rex Lumb	er, LLC	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	5299 Alabama Street		P. O. Box 7
	Graceville, FL 32440		Graceville, FL 32440
	11/06/2001	L	_01000019080
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Registered Agent and Registered Office shown on the record Frank E. Bondurant, Esq.  Registered Office Address (MUST BE FLORIDA STRE)  1820 Highway 2 East	*****	
	Graceville	, <sub>FL</sub> 32440	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	ered Office addr	17 JU - 6
	NEW Registered Office Address:		
	5381 Cliff Street		
	Graceville	, <sub>FL</sub> 32440	
sign I her provi the one to me notifit	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member ticles of organization or the operating agreement of mature of a member or authorized representative of a member reby accept the appointment as registered agent and sions of all statutes relative to the proper and completing to the proper and completing to the proper and completely reflect a change in the registered agent as proved in writing of this change.	e laws of the Ses of the registed liability comers of the limit the limited lia  Char	State of Florida, it is hereby confirmed that after ered office and the business office of the registere mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.  rles F. McRae, Jr., Manager  Printed or typed name of signee

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