10200013523

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

Office Use Only



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1000 AD TELEPHONE BASELON



JUL 12 2377 J SHILVERS



July 5, 2017

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

Re: Rex Investments, LLC, Document No.: L02000013523

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.: 6662 in the amount of \$25.00

Please process the above referenced forms to change the principal address and registered agent's 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

Yacz x Walter

Graceville 850.263.2056

Brookhaven

Corporate 850.263.4457 /slu

Enclosures (as stated)

Post Office Box 7 Graceville, Florida 32440

REX-LUMBER.COM

COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: Rex Investments, LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and f	ee(s) are submitted for filing			
Please return all correspondence concerning	this matter to the fo	ollowing:			
Frank E. Bondurant					
Name of Person		_			
Fiπn/Company		_			
P. O. Box 7					
Address					
Graceville, FL 32440					
City/State and Zip Cod	e	_			
swalters@rex-lumber.com			55		
E-mail address: (to be used for future	annual report notific	cation)			
For further information concerning this mat	ter, please call:				
Frank E. Bondurant	850 at (372-6150			
Name of Person		Area Code & Daytime Telep	phone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the follow	ing amount:				
☑ \$25 Filing Fee	Q \$55	☐ \$55 Filing Fee & Certified Copy			

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. Na	ame of the limited liability company:	stments, Li	_ 		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		
	5381 Cliff Street		P. O. Bo	x 7	
	Graceville, FL 32440		Gracevil	le, FL 32440	
	05/21/2015		L0200001	13523	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
	Registered Agent and Registered Office shown on the record	ds of the Florid	la Dept. of State	::	
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRES	<u>S)</u>	•	
	1820 Highway 2 East			\mathcal{Z}_{i}	
	Graceville	, FL 32440)	17 July	
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Registered Agent	tered Office as	ddress:		
				7:5	
	NEW Registered Office Address:				
	5381 Cliff Street				
	Graceville	, FL 32440)		
the cha agent was/w	cimited liability company is not organized under the ange or changes are made, the Florida street address will be identical. On in the case of a Florida limite ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	e laws of the ss of the reg ed liability c ers of the lin f the limited	e State of Flo istered office company, it is nited liability liability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
Signa	ature of a member or authorized representative of a member	· —	- Inley Micr	Printed or typed name of signee	
I here provisi the obi to mer	by accept the appointment as registered agent and tons of all statutes relative to the proper and complications of my position as registered agent as proved to the proper and complete registered office address of in writing of this change. The after Monthson Agent	l agree to ac dete perforn vided for in s. I hereby c	et in this cape vance of my t Chapter 605 confirm that t	ucity. I further agree to comply with the	