## L03000006037

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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 3/15/19

NAME: SAGE LUMBER COMPANY, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

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ACCOUNT: FCA00000015

**AUTHORIZATION:** 

ABBIERA

## 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   | ame of the limited liability company: Sage Lumber  | Compa   | ny, L.L.C.   |  |   |                     |
|--|--|---|--|--|---|---------------------|
| 2. (a)                                       | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | _ (b)   | 6//2 0/s   | dress of limited lie   | ability company:  |                     |
|  | PANAMA City FL 32413   | <b>-</b> ·  | MARIANU.   | A, V-L   | 3244B   |                     |
|  | 02/18/2003   | L.  | 03000006037  |  |   |                     |
| <ol> <li>(a)</li> </ol>                      | Date of filing/registration in Florida   | 4.  |  | nt number  |   |                     |
| J. (U)                                       | Registered Agent and Registered Office shown on the records of the Thomas G. Smith   | ne Florida [  | Dept. of State:  | TALLA:<br>BECRE  | 19<br>#   |                     |
|  | Registered Office Address (MUST BE FLORIDA STREET A. 510 East Zaragoza Street  | DDRESS)   |  | HSSE C   | FILE<br>MA 15   |                     |
|  | Marianna , FL  | 32501   |  | FLORDA   | D 4M 9: 02  |                     |
| (b)  | Enter name of NEW Registered Agent and/or NEW Registered ( Florida Filing & Search Services, Inc.  | Office addr   | <u>ess</u> :   |  | .0  |                     |
|  | NEW Registered Office Address:   |   |  |  |   |                     |
|  | 155 Office Plaza Drive   | <del></del>   | <del></del>  |  |   |                     |
|  | Tallahassee , FL   | 32301   |  |  |   |                     |
| the cha<br>agent v<br>was/we<br>the arti     | imited liability company is not organized under the law-<br>inge or changes are made, the Florida street address of t<br>vill be identical. Or, in the case of a Florida limited liab-<br>ere authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the liability of a member or authorized representative of a member | he registe<br>pility corr<br>the limite<br>imited lia | ered office and the<br>spany, it is hereby o<br>ed liability compan                        | business office<br>confirmed that<br>y or as otherw                      | of the regist<br>the change(s<br>ise provided                 | cred<br>)           |
| herei<br>rovisi<br>re obl<br>mere<br>viified | by accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete p<br>igations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I he<br>in writing of this change.  | e to act in<br>erforman<br>for in Ch<br>creby con     | n this capacity. I fi<br>ce of my duties, an<br>apter 605, F.S. Or<br>firm that the limite | orther agree to<br>d I am Jamilia<br>c, if this docum<br>d liability com | comply with<br>rwith and ac<br>ent is being f<br>pany has bee | the<br>cept<br>iled |

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| 1. No                                     | me of the limited liability company: Sage Lumber  | Compar                                     | ıy, L.L.C   |   | ·                                       |  |
|---|---|--|---|---|---|--|
| 2. (a)                                    | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (b)  |   | failing address                                   | of limited I                            | EL /(A:   Ros<br>inbility company:<br>OFFICE BOX)          |
|   | BANAMA City FL 32413  |  | MAR   | iANNA,  | F- L                                    | 32448  |
|   | 02/18/2003  | <br>                                       | 0300000   | 6037  |   |  |
| 3.  | Date of filing/registration in Florida  | 4.   |   | Document n  | umber                                   |  |
| 5. (a)                                    | Registered Agent and Registered Office shows on the records of Thomas G. Smith  |  | Pept. of State  | :   |   |  |
|   | Registered Office Address (MUST BE FLORIDA STREET A 510 East Zaragoza Street  | ADDRESS)                                   |   |   |   |  |
|   | Marianna  | 32501                                      |   |   |   |  |
| (b)                                       | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Florida Filing & Search Services, Inc.   | Office addr                                | ess:  |   |   |  |
|   | NEW Registered Office Address:  |  |   |   |   |  |
|   | 155 Office Plaza Drive  |  |   |   |   |  |
|   | Tallahassee, FL   | 32301                                      |   |   |   |  |
| the charagent was/we                      | mited liability company is not organized under the law-<br>nge or changes are made, the Florida street address of<br>till be identical. Or, in the case of a Florida limited lia-<br>re authorized by an affirmative vote of the members of<br>the organization or the operating agreement of the | the registe ability com fithe limited lial | red office<br>pany, it is<br>ed liability<br>bility com | and the bus<br>hereby conf<br>company of<br>pany. | iness offic<br>firmed that<br>as others | e of the registered<br>t the change(s)<br>vise provided in |
| Siefal                                    | are of a member or authorized representative of a member  |  | grv.d   | F. LA   | c y                                     | ignee  |
| I hereb<br>provision<br>the oblition mere | y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have justing of this change.  | ee to act in                               | this cana   | city   Liveth                                     | er aaree t                              | o comply with the  |

Signature of Registered Ages