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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	- <del>-</del>				
SUBJECT: Kerry Forest, LLC (Name of Limite	d Liability Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this n	natter to the following:				
Robert S. Hightower, Attorney (Name of Person)					
Hightower Law Firm	· <u> </u>				
(Firm/Company)					
P.O. Box 4165	<b>=</b>				
(Address)	T SECTION T				
Tallahassee, Florida 32315	ZWG DEC 23 P SECRETARY OF TALLAHASSEE, F				
(City/State and Zip Code)  For further information concerning this matter, ple	Los 7:				
Robert S. Hightower at (	850 222–3363				
(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 ame	ount:				
x \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (8/05)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	d liability company is:	Kerry	Forest, LL	c -				
2. The mailing address of	the limited liability cor	npany is :	602 North	Merrin	Street,	Plant	City	
Florida 33563	,	1 3						
							<i>─</i>	
March 4, 2005			L0500002	2042 -				
3. Date of filing/registrati	on in Florida		4. Document number					
5. The name of the registe Florida Department of S		ered office	e address as sh	own on th	ne records	of the		
<u>.</u>	James H. Preso	ott						
	•	Name						
	167 Peck Cawthon	Road						
	A	Address		<del></del>			-	
	DeFuniak Springs							
	City, S	State and 2	ыр					
6. The name and address of	of the new registered ag	ent and/or	office:					
	Robert S. High	tower		-				
	N	ame		<del></del> .				
	241 East Vi <u>rgi</u>	nia Stre	et					
	Florida street address	(P.O. Box	NOT accepta	ıble)	₹	_		
	Tallahassee	FL 32	2301		SECT	28		
	City, St	ate and Zi	p		THE SECTION	贸	- 1	
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement	ange or changes are ma the registered agent will eby confirmed that the ited liability company o	de, the Flo l be identi change(s) or as other	orida street ad- cal. Or, in the was/were auth wise provided	dress of the case of a norized by	ie registere Florida fir an affirma	ed office mited ative vot	e 6	
X James St. Vn	all							
(Signature of a member or authorize	zed representative of a member	)						
James H. Prescott				_				
(Printed or typed name of signee)			•					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the Signature of Registered Agent.	ntment as registered ages of all statutes relative accept the obligations is document is being fut that the limited liability	ent and ag to the pro of my pos led to mer company	ree to act in to per and compl ition as regist ely reflect a ci has been notij	his capaci lete perfor ered agen hange in ti fied in wri		er agree my dutie led for ir ed office s change	to S, 1	
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