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	COVER LETTER				
	XO: Registration Section Division of Corporations				
	SUBJECT: THE Name of Limited	Heapility Company			
	Dear Sir or Madam:				
4	The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.				
ſ	please return all correspondence concerning this matter to the following:				
	Name of Person Thit (C) Link Chillis U C Firm/Company				
	2170 MAIN STREET, STE. GO	21			
	City/State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
-	Unisgina Ceogolyal at C.	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:

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Name of Limited Liability Company			
- Dear Sir or Mcdam;			
•	ffice Change and fee(s) are submitted for filing.		
Please return all carespondence concerning this matter to the following:			
Name of Person			
Name of Person			
Firm/Company	(.(
21 to 1990 - 1 CEET 1500	E. Gest		
City/State and Zip Code	<u>2, f</u>		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matte	er, please call:		
Unistria Ceogolyale Name of Person	at (() 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:			
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

1 1 1

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

P. suant to the provisions of sections 608.416 or 608.5 liavity company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company:	EST FORESTS LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	STE GOT TO 34237
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2176 MAIN STREET ONE HOS SARASOTA, FL 34737
2/15/200	Logo de 17987
2 15 2000, 3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:
Registered Agent:	JOHN WAGNER
Registered Office Address:	200 3 CEMBER AVE 34236
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2170 HAW MERRY SITE GOT SINCASCINA 1 ,FL 39237
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	orida street address of the registered office at least Or, in the case of a Florida limited
Printed or typed name of signee	
I hereby accept the appointment as registered agent and as comply with the provisions of all statules relative to the proand I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the finited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registers Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00