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Special Instructions to Filing Officer:							
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MAY 28 2015

R. WHITE



May 20, 2015

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

Re: McRae Investments, LLC, Document No.:L06000077159

McRae Farms Investments, LLC, Document No.: L06000077158

To Whom It May Concern:

For the above referenced limited liability companies, enclosed please find the following:

- 1) Cover Letter and Statement of Change of Registered Office or Registered Agent or both for Limited Liability Company (McRae Investments, LLC)
- 2) Cover Letter and Statement of Change of Registered Office of Registered Agent or both for Limited Liability Company (McRae Farms Investments, LLC)
 - 3). Check in the amount of \$50.00

Please process the above referenced forms to change the registered agents.

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

Sincerely,

Graceville

Bristol 850.643.2238

Brookhaven

Corporate 850.263.4457

Stacy L. Walters, FRP

Paralegal to General Counsel

/slw

Enclosures (as stated)

Post Office Box 7 Graceville, Florida 32440

REX-LUMBER.COM

COVER LETTER

		•				
TO:		stration Section sion of Corporations				
CHRI	ECT:	McRae Investments, LLC				
5020	ECT.	Name of Limited Liability Company				
Dear S	Sir or N	ladam:				
The er	nclosed	Registered Agent/Registered Offi	ce Char	nge and f	ee(s) are submitted for filing.	
Please	return	all correspondence concerning this	s matte	r to the fo	ollowing:	
Fran	k E. B	ondurant, Esq.			_	
		Name of Person			_	
					_	
		Firm/Company				
1820	High	way 2 East				
		Address			_	
Grad	eville	, FL 32440				
	•	City/State and Zip Code				
fbon	duran	t@rex-lumber.com				
	E-mail	address: (to be used for future anr	ual repo	ort notifi	cation)	
For fu	ırther i	nformation concerning this matter,	please	call:		
Fran	k E. B	Bondurant, Esq.	at (850	372-6150	
	•	Name of Person	~ (-		Area Code & Daytime Telephone Number	
	Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301		Reg Div P.O	gistration Section rision of Corporations b. Box 6327 lahassee, Florida 32314	
Enclosed is a check for the following amount:						
	☑ \$:	25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy	

INHS18 (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.

2. (a	a)	(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	1820 Highway 2 East	F	P. O. Box 7			
	Graceville, FL 32440	-	Graceville, FL 32440			
	08/04/2006	L0	06000077159			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)					
J. (Registered Agent and Registered Office shown on the record	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	C. Finley McRae		——————————————————————————————————————			
	Registered Office Address (MUST BE FLORIDA STRE	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1820 Highway 2 East		Per Control of the Co			
	Graceville	, _{FL} 32440				
		, FL				
(t	o)					
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office addre	<u>ss</u> : □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
	Frank E. Bondurant, Esq.					
	NEW Registered Office Address:					
	1820 Highway 2 East					
	Graceville	, _{FL} 32440				
the c agen was/	e limited liability company is not organized under the change or changes are made, the Florida street address it will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member articles of organization or the operating agreement of	is of the register and liability comp ers of the limite the limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in bility company.			
	1 Tuly M. hae	C. Fin	ley McRae			
_	gnature of a member or authorized representative of a member		Printed or typed name of signee			
provi the o to me	reby accept the appointment as registered agent and issions of all statutes relative to the proper and compobligations of my position as registered agent as proverely reflect a change in the registered office addressived in writing of this change.	l agree to act in lete performand vided for in Cha s, I hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been			
1	The string of this change.					