## 440000000000000

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

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR 2 7 2009

**EXAMINER** 

INHS18 (5/08)

. . .

TO: Registration Section Division of Corporations		
SUBJECT: Colling River Lo	mited Liability Company	
The enclosed Registered Agent/Registered Office Please return all correspondence concerning this	_	
Toseph Collins III (Name of Person)	maner to the renowning.	
(Firm/Company)  Do Que 3/7	ing G.	
P.D. Boy 367 (Address)  Haw thorne, FL 32642 (City/State and Zip Code)	20367	
For further information concerning this matter, please call:		
(Name of Person) at	(352) 481-7129 (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	
EMPLOYED IS 8 CHECK for the following amount:		
\$25 Filing Fee	1 \$55 Filing Fee & Certified Copy	

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

" cuant to the provisions of sections 608.416 or 608.508 company submits the following statement in order to chan	8, Florida Statutes, the undersigned limited liability we its registered office or registered agent, or both	
in the State of Florida.	•	
1. Name of the limited liability company:	Kiver Logging Company LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Howthorne, FL 3240-0367	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	ZIZ Blue Lake Dr. Hawthorne, FL 3240-0367	
1/30/2008	L080000/0648	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Business Filings INCORP.	
Registered Office Address:	1203 Governor's Square Blid, ste 101	
· ·	Talla hassee, F/ 32301-2960 US	
(b) Enter name of NEW Resistered Agent and/or NEV	V Registered Office address:	
NEW Registered Agent:	Richard G. Bexkner, In.	
<u>NEW</u> Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	5709 SW 8914 Dr Barresville FL #268	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	aws of the State of Florida, it is hereby confirmed that address of the registered office and the business ase of a Florida limited liability company, it is an affirmative vote of the members of the limited	
(Printed or typed name of signee)	<del>-</del>	
I hereby accept the appointment as registered agent and a comply with the provisions of all statues relative to the province familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely relies a confirm that the limited limitity company has been political.	gree to act in this capacity. I further agree to speed for an appear to speed to spe	
(Signature of Registered Agent)	<b></b>	
	CONT Tellahaman FF 37314 To SM	
Division of Corporations, P.O. Box 6327, Tailahassee, FL 32314		

INHS18 (05/08)

SECRETARY OF STATE DIVISION OF CORPORATIONS

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