1090004644

(Řé	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	usiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



900301111829

Bridge Bridge Commence



JUL 12 2917

· UNIVERS



July 5, 2017

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

Re: McRae Holdings, LLC, Document No.: L09000104644

To Whom It May Concern:

For the above referenced corporation, enclosed please find the following:

1) Cover Letter and Statement of Change of Registered Office or Registered Agent or both for Corporation

2) Check No.: 10664 in the amount of \$25.00

principal address and the

Please process the above referenced forms to change the registered agent.'s wadvess.

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

Sincerely,

Stacy L. Walters, FRP

Paralegal to General Counsel

Graceville B50.263.2056

Bristol 850.643.2238

Brookhaven

Corporate 850.263.4457

Ыw

Enclosures (as stated)

Post Office Box 7 Graceville, Florida 32440

COVER LETTER

	egistration Section ivision of Corporations				
SUBJEC	McRae Holdings, LLC				
CODITIO		ne of Limited L	iability Company		
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning th	is matter to the	following:		
Frank E	Bondurant				
	Name of Person		_		
	Firm/Company		_		
P. O. Bo	ox 7				
	Address		_		
Gracevi	lle, FL 32440				
	City/State and Zip Code				
swalters	s@rex-lumber.com				
E-m	ail address: (to be used for future and	nual report notif	ication)		
For furthe	er information concerning this matter.	, please call:			
Frank E	. Bondurant	at (372-6150		
	Name of Person		Area Code & Daytime Telephone Number		
R D C 20	TREET/COURIER ADDRESS: egistration Section livision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Re Di P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
E					
Z	1 \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy		
INHS18 (2	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.

l.	1. Name of the limited liability company: McRae Holdings, LLC						
		Principal office address of limited liability company:			Mailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)		
		5381 Cliff Street		P. O.	Box 7		
		Graceville, FL 32440	_	Grac	eville, FL 32440		
		10/29/2009		L0900	00104644		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)						
	(,	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of	State:		
		Frank E. Bondurant, Esq.					
		Registered Office Address (MUST BE FLORIDA STREET A	(D <u>DRESS</u>	<u> </u>	 -		
		1820 Highway 2 East					
		Graceville .FL	32440		Service and		
		· · · · · · · · · · · · · · · · · · ·			17 JUL -7		
(b)							
Enter name of NEW Registered Agent and/or NEW Registered Office address:							
		NEW Registered Office Address:	_	_	• • · · · · · · · · · · · · · · · · · ·		
		5381 Cliff Street			52 N		
		Graceville .FL	32440				
the ager	cha at w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of 'ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization or the operating agreement of the	the regis bility co f the lim	stered o impany, iited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in		
		P- Full no D.	C. f	- Finley	McRae, Manager		
Sı	gnat	ure of a member or authorized representative of a member			Printed or typed name of signee		
prov the e to m	visio obli tere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act perform I for in C iereby co	in this ance of Thapter onfirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been		
Sign	<u>(V c</u>	c of Registered Agent					