10900119949

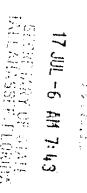
(Re	questor's Name)					
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phone	⇒ #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



400300780144

07/06/17--01010--009 **25.00



JUL 07 2017 J SHIVERS



July 3, 2017

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

Re: Rex Lumber, Brookhaven, LLC, Document No.: L09000119949

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

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

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 850.263.2056

Bristol 850.643.2238

Brookhaven .

601.833.1990

Corporate 850.263.4457 /SIW

Enclosures (as stated)

Post Office Box 7 Graceville, Florida 32440

REX-LUMBER.COM

COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	Rex Lumber, Brookhaven, LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning t	his matter to the f	following:			
Frank E. E	3ondurant					
	Name of Person		_			
	Firm/Company		_			
P. O. Box	7		_			
	Address					
Graceville	, FL 32440					
	City/State and Zip Code		_			
swalters@	rex-lumber.com					
E-mail	address: (to be used for future an	nual report notifi	cation)			
For further is	nformation concerning this matter	r, please call:				
Frank E. E	Bondurant	850	372-6150			
	Name of Person	ur (Area Code & Daytime Telephone Number			
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building Executive Center Circle ahassee, Florida 32301	Reg Div P.O	distration Section ision of Corporations Box 6327 lahassee, Florida 32314			
Enc	losed is a check for the followin	g amount:				
2 \$2	25 Filing Fee	□ \$5.	5 Filing Fee & Certified Copy			
INHS18 (2/14	1)					

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.

1. N	ame of the limited liability company: Rex Lumber	r, Brook	haven, LL0	3		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limite (Note: MAY BE POS	d liability con	npany:
	810 WL Behan Road		P. O. Bo	x 7		
	Brookhaven, MS 39601		Gracevil	le, FL 32440		
	12/17/2009		L0900011	19949		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)					
J. (u	Registered Agent and Registered Office shown on the records of		a Dept. of State	- e:		
	Frank E. Bondurant, Esq.					
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>S)</u>	-		
	1820 Highway 2 East					
	Graceville , F	32440)	-		
		<u> </u>		-		
(b)	r				20	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office_ac	<u>idress</u> :	11 pm • .	5 3	
	NEW Registered Office Address:			ير (اريان) معرف	9	e to se Similar
	5381 Cliff Street			e day y	9	. Marine
	5581 Cliff Street			-	17:4 SIM	The state of
	Graceville	_L 32440)	E. FLORIDA	5 .	Sauge f
If the	limited liability company is not organized under the la					ıt after
the ch	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited	of the reg	istered office	e and the business of	ffice of the	registered
was/w	ere authorized by an affirmative vote of the members	of the lir	nited liability	y company or as oth		
the ar	ticles of organization or the operating agreement of the		-			
	(MX) aw zol	Ca	roline M. L	Dauzat, Manager		
_	ature of a member or authorized representative of a member			Printed or typed name	ŭ	
provis the ob to me	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completeligations of my position as registered agent as provided rely reflect a change in the registered office address, and in writing of this change.	gree to ac le perforn led for in I hereby c	et in this cape nance of my c Chapter 605 confirm that	acity. I further agre duties, and I am fam i, F.S. Or, if this do the limited liability (ee to comply uiliar with a cument is b company he	with the and accept eing filed as been
Signat	July 5 dordum f					
~.g.:at	are or responsion report					

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