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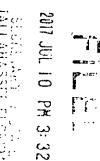
(Reque	estor's Name)				
(Address)					
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(City/S	tate/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Busin	ess Entity Nam	e)			
(Document Number)					
Certified Copies	Certificates	of Status			
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W. HARRIE

COVER LETTER

	Registration Section Division of Corporations		
SUBJE	McRae Land & Timber Com	npany, LLC	
.,(,1,01.		ne of Limited I	iability Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.
Please r	eturn all correspondence concerning th	is matter to the	following:
Frank	E. Bondurant		
	Name of Person		_
	Firm/Company		
P. O. I			
	Address		<u> </u>
Grace	ville. FL 32440		
	City/State and Zip Code		
swalte	rs@rex-lumber.com		
E-	mail address: (to be used for future and	nual report noti	fication)
For furt	her information concerning this matter.	, please call;	
Frank	E. Bondurant	at (372-6150
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee. Florida 32314
	Enclosed is a check for the following	g amount:	
	☑ \$25 Filing Fee	<u> </u>	55 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.

1. N	ame of the limited liability company: McRae Land	I & Timb	er Compa	any, LLC	
	Principal office address of limited liability company:			Mailing address of li	imited liability company:
	(Note: MUST BE STREET ADDRESS)				<u>POST OFFICE BOX</u>)
	5381 Cliff Street		P. O. Bo)x 7 	
	Graceville, FL 32440		Gracevil	lle, FL 32440	
	02/03/2014		L140000	18431	
3.	Date of filing/registration in Florida	4,		Document numb	ber
5. (a)				
J. (Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	- e:	
	Frank E. Bondurant, Esq.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	
	1820 Highway 2 East				
	Graceville , Fi	32440		-	
					2817 JUL
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<u> </u>	-	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	<u>Iress</u> :		
					ALTERNATION OF THE PARTY OF THE
	NEW Registered Office Address:			-	2 - 3 - 3
	5381 Cliff Street				္လည့္က ယ္ ဆုိ ယ
				-	Star 19
	Graceville	32440			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited by crequithorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iws of the If the regis iability co of the lim	State of Flo stered office impany, it is ited liabilit	orida, it is hereby e and the busines s hereby confirm y company or as	ss office of the registered ned that the change(s)
	1 Finly M. Den	<u>C. f</u>	inley Mc	Rae, Manager	
-	ature of a member or authorized representative of a member			Printed or typed na	č
provis the ob to mer	chy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I add in writing of this change.	ree to act e performe ed for in C hereby co	in this cap ince of my hapter 605 infirm that	acity. 1 further a duties, and 1 am 5, F.S. Or, if this the limited liabil	igree to comply with the familiar with and accept document is being filed lity company has been
Signati	ure of Registered Agent				