

L66205

| | |
|-----------------------------------|---------|
| Requester's Name P.O. BOX 1829 | |
| Address Lake City, FL 32056 | |
| City/State/Zip | Phone # |

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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- | | | |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Photocopy |
| | | <input type="checkbox"/> Certificate of Status |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -5 AM 10:13

RA/RO Change
Examiner's Initials @

11.7.01

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : DIXIE TIMBER HOLDINGS, INC.

2. The mailing address of the corporation : P.O. BOX 1829, LAKE CITY, FL 32056-1829

3. Date of incorporation/qualification: _____ Document number: L66205

4. The name and address of the current registered agent and office:

JOHN E. NORRIS

201 N MARION ST., STE 301

LAKE CITY, FL 32055

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

CHRIS MCRAE

1677 MAHAN CTR BLVD

TALLAHASSEE, FL 32308

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

X Doug Anderson
(Signature of an officer, chairman or vice chairman of the board)

(Date)

DOUG ANDERSON, PRESIDENT

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Chris McRae
(Signature of Registered Agent)

10/8/01
(Date)

If signing on behalf of an entity:

CHRIS MCRAE

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

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