Requester's Name P.O. BOY Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name) 2.	(Document #) ODDO46628011/05/0101063011 *****35.00 ******35.
(Corporation Name)	(Document #)
3, (Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait	Certified Copy Description 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 Amendment Change of Registered Agent OFFICER OFFIC
	Examiner's Initials (10)

CR2E031(7/97)

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

the undersigned corporation organized under the	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, e laws of the State of FLORIDA
the State of Florida.	ge its registered office or registered agent, or both, in
1. The name of the corporation : SIWANNEE TT	MBER HOLDINGS. INC.
2. The mailing address of the corporation:P_0). BOX 1829, LAKE CITY, FL 32056-1829
3. Date of incorporation/qualification:	Document number: <u>L66208</u>
4. The name and address of the current registered	agent and office:
JOHN E. NORRIS	-
CNB NATIONAL BANK BLD	G, 201 N. MARION ST., STE. 301
LAKE CITY, FL 32055	
	ent (if changed) and/or registered office (if changed): Not Acceptable)
CHRIS MCRAE	
1677 MAHAN CTR. BLVD:	
TALLAHASSEE, FL 3230	8
	street address of the business office of its registered
Such change was authorized by resolution duly action duly action to be board.	dopted by its board of directors or by an officer so
Dous anders on	
(Signature of an officer, chairman or vice chairman of the	ne board) (Date)
DOUG ANDERSON, PRESIDENT (Printed or typed name and title)	
Invino heen named as registered agent and to ac	ccept service of process for the above stated registered agent and agree to act in this capacity. It is statutes relative to the proper and complete and accept the obligation of my position as
Clestul _	(0/8/01 DIVIS
(Signature of Registered Agent)	(Date)/
signing on behalf of an entity:	V NOF C
CHRIS MCRAE (Typed or Printed Name)	51 GX
(1) pag of 1 inited (4ame)	(Capacity)
* * * FILING I	FEE: \$35.00 * * *
R2E045(9/00)	G OK