M01000000913

(Reque	stor's Name)
(Addres	ss)
(Addres	ss)
(City/St	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:
	Office Use Only



400074248374

SECRETARY OF STATE

2006 MAY 16 AH 8: 52

RECEIVED

06 MAY 16 PM 2: 55

DESIGN AND STATES.



ACCOUNT NO. : 072100000032 REFERENCE : 098223 4355348 AUTHORIZATION : COST LIMIT ORDER DATE : May 10, 2006 ORDER TIME : 1:55 PM ORDER NO. : 098223-105 CUSTOMER NO: 4355348 CHANGE OF AGENT NAME: UAP TIMBERLAND, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY ____ PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Sara Lea

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is:	UAP Timberland, L	LC		٠
2. The mailing address of the limited liability co.	mpany is :		<u> </u>	
P.O. Box 557, Monticello, AR 7165	7	<u> 4 </u>	<u> </u>	
04/24/2001	M010	000000913		
3. Date of filing/registration in Florida	4. Do	ocument number		
5. The name of the registered agent and the registerida Department of State:	tered office addres	ss as shown on the re	cords of the	
P	aul Mason	<u> </u>	♣-	
1440 W	Name			
	ild Indian Terrace		7	
Address Oviedo, FL 32766				-
City, State and Zip				energen.
6. The name and address of the new registered ag	gent and/or office:		16 TARY IASSE	
Corporation	n Service Company		무유 골	
	Name		FL03	-
· · · · · · · · · · · · · · · · · · ·	Hays Street	<u></u>	器 52	
Florida street address	(P.O. Box NOT	acceptable)	<i>1</i> >	
Tallahassee		1062		
City, S	tate and Zip			
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability (Signature of a member or authorized representative of a member of a member of authorized representative of a member of a me	ade, the Florida st Il be identical. On change(s) was/we or as otherwise pr company.	treet address of the re r, in the case of a Flo ere authorized by an	egistered office rida limited affirmative vote	e n
Charles M. Owen - Asst. Secty. of Sole Member			_	./* :
(Printed or typed name of signee)	<u></u>	-	•	
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability			I further agree nce of my dutie, provided for in egistered office g of this change	to s, !
(Signature of Registered Agent) Kurt Plend	er, Asst. Vice	: President		