## M0500000247

| (Re                      | equestor's Name) |             |  |  |  |  |  |  |
|--------------------------|------------------|-------------|--|--|--|--|--|--|
| (Address)                |                  |             |  |  |  |  |  |  |
| (Address)                |                  |             |  |  |  |  |  |  |
| (City/State/Zip/Phone #) |                  |             |  |  |  |  |  |  |
| PICK-UP                  | ☐ WAIT           | MAIL        |  |  |  |  |  |  |
| (Business Entity Name)   |                  |             |  |  |  |  |  |  |
| (Document Number)-       |                  |             |  |  |  |  |  |  |
| Certified Copies         | _ Certificates   | s of Status |  |  |  |  |  |  |
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Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: June 1, 2016

Order#: 149163-144

Re: PLUM CREEK TIMBER OPERATIONS I, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.....

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

| l. Na                                    | ame of the limited liability company: PLUM CREEK   | TIMBER (   | OPERATIONS I, L.L.C.   |
|--|--|--|--|
| 2. (a)                                   | 33663 Weyerhaeuser Way South   | (b)  | P.O. Box 9777  |
| ,  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | _  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|  | Federal Way, WA 98003  |  | Federal Way, WA 98063  |
|  | 05/10/2005   |  | M05000002477   |
| 3.                                       | Date of filing/registration in Florida   | 4.   | Document number  |
| 5. (a)                                   | C T CORPORATION SYSTEM   |  |  |
| <i>J.</i> (u)                            | Registered Agent and Registered Office shown on the records of   | the Florida  | Dept. of State:  |
|  | 1200 SOUTH PINE ISLAND ROAD  |  |  |
|  | Registered Office Address (MUST BE FLORIDA STREET)   | ADDRESS)   | <del></del>  |
|  |  |  |  |
|  |  |  |  |
|  | PLANTATION ,FL   | 33324  | <del></del>  |
|  |  |  |  |
| (b)                                      | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered   | Office add   | resc.  |
|  | man in the state of the state o |  |  |
|  | 1201 Hays Street   |  |  |
|  | NEW Registered Office Address:   |  |  |
|  |  |  | SELL O   |
|  |  |  | me z m   |
|  | Tallahassee  | , 32301  |  |
|  | , FL   | , 32301  |  |
| the cha<br>agent v<br>was/we             | imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lier authorized by an affirmative vote of the members of icles of organization or the operating agreement of the  | the regist<br>ability con<br>of the limi<br>limited li | State of Florida, it is hereby confirmed that after<br>tered office and the business office of the registered<br>mpany, it is hereby confirmed that the change(s)<br>ted liability company or as otherwise provided in |
| Signa                                    | ture of a member or authorized representative of a member  |  | Printed or typed name of signee  |
| provisi<br>the obl<br>to mer<br>notified | ly accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change by the registered office address, I din writing of this change.  | performa<br>d for in C<br>hereby co                    | ince of my duties, and I am familiar with and accep<br>hapter 605, F.S. Or, if this document is being filed<br>nfirm that the limited liability company has been   |
| Signatu                                  | re of Registered Agent Corporation Service Company   |  | race E. Kirby, Asst. Vice President  |
|  | Division of Cornerations PO  | Rox 6327   | ■ Tallahassee, FL 32314  |

## 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.        | Na                                 | me of the limited liability company: PLUM CREEK TI  | IMBER (                             | OPERATIO                                     | NS I, L.L.C.   |                               |                                    |  |
|-----------|------------------------------------|---|-------------------------------------|--|--|-------------------------------|------------------------------------|--|
| 2.        | (a)                                | 33663 Weyerhaeuser Way South  | (b)                                 | P.O. Bo                                      | ox 9777  |                               |                                    |  |
|           | (**)                               | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ (0)                               |  | Mailing address of limite<br>(Note: MAY BE POS   | · ·                           | -                                  | -  |
|           |                                    | Federal Way, WA 98003   | -                                   | Federal \                                    | Way, WA 98063  |                               |                                    |  |
|           |                                    | 05/10/2005  | _                                   | M050000                                      | 02477  |                               |                                    |  |
| 3.        |                                    | Date of filing/registration in Florida  | 4.                                  |  | Document number  |                               |                                    |  |
| 5.        | (a)                                | C T CORPORATION SYSTEM  |                                     |  | _  |                               |                                    |  |
|           | ` '                                | Registered Agent and Registered Office shown on the records of the  | e Florida l                         | Dept. of State                               | 3;   |                               |                                    |  |
|           |                                    | 1200 SOUTH PINE ISLAND ROAD   |                                     |  |  |                               |                                    |  |
|           |                                    | Registered Office Address (MUST BE FLORIDA STREET AL  | DDRESS)                             |  | •  |                               |                                    |  |
|           |                                    |   |                                     |  |  |                               |                                    |  |
|           |                                    | PLANTATION , FL_  | 33324                               |  | -  | SELI                          | 16 J                               |  |
|           | (b)                                | Corporation Service Company   |                                     |  |  | 去点                            | MO                                 | 11                                       |
|           | (0)                                | Enter name of NEW Registered Agent and/or NEW Registered O  | Office add                          | ress:  | •  | ARY                           | 9-                                 | 1.64.74                                  |
|           |                                    | 1201 Hays Street  |                                     |  |  | i.c                           | <b>7</b>                           |  |
|           |                                    | NEW Registered Office Address:  |                                     | ,  | •  | FLORIDA                       | <b>2</b> 6                         | "Topal"                                  |
|           |                                    | Tallahassee FL  | 32301                               |  |  |                               |                                    |  |
|           |                                    | , FL_   | 32301                               |  | -  |                               |                                    |  |
| the<br>ag | e cha<br>ent w<br>as/we            | mited liability company is not organized under the laws<br>nge or changes are made, the Florida street address of the<br>fill be identical. Or, in the case of a Florida limited liab<br>re authorized by an affirmative vote of the members of<br>cless of organization or the operating agreement of the li     | he regist<br>pility cor<br>the limi | ered office<br>npany, it is<br>ted liability | e and the business of<br>s hereby confirmed t<br>y company or as othe  | ffice of<br>that the          | the re                             | egistered<br>ge(s)                       |
|           |                                    | Xel & Whee  | Jill C                              | ilmi, Autho                                  | rized Person   |                               |                                    |  |
|           | Signat                             | ure of a member or authorized representative of a member  |                                     |  | Printed or typed name of   | of signee                     |                                    |  |
| pr<br>the | ovisie<br>e obli<br>pere<br>tifiec | v accept the appointment as registered agent and agree ms of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change by the registered office address, I he in writing of this change.  The of Registered Agent Corporation Service Company | erforma<br>for in C<br>ereby co     | nce of my c<br>hapter 605<br>nfirm that      | acity. I further agre<br>duties, and I am fam<br>s, F.S. Or, if this doc<br>the limited liability o<br>rby, Asst. Vice Pre | illiar wi<br>cument<br>compan | nply v<br>th an<br>is bei<br>y has | with the<br>d accept<br>ng filed<br>been |
|           |                                    |   |                                     |  | ·  |                               |                                    |  |

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