

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

MD500002477

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIG
PLUM CREEK TIMBER OPERATIONS I, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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2016 OCT 21 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT 21 A 10:04
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TALLAHASSEE, FLORIDA

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Help

D. BRUCE
OCT 24 2016

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

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

Enter new principal office address, if applicable: 220 Occidental Avenue South

(Principal office address
MUST BE A STREET ADDRESS)

Seattle, WA 98104

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

220 Occidental Avenue South

Seattle, WA 98104

2. The Florida document number of this limited liability company is: M05000002477

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 5/10/2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

Weyerhaeuser Timber Operations I, L.L.C.

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Jacqueline W. Hawn
 Signature of the authorized representative

Jacqueline W. Hawn, Asst Secty

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PLUM CREEK TIMBER OPERATIONS I, L.L.C.", CHANGING ITS NAME FROM "PLUM CREEK TIMBER OPERATIONS I, L.L.C." TO "WEYERHAEUSER TIMBER OPERATIONS I, L.L.C.", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2016, AT 8:18 O'CLOCK A.M.



3965868 8100
SR# 20165970600

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203073264
Date: 09-28-16

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:18 AM 09/23/2016
FILED 09:19 AM 09/23/2016
SR 20165970609 - File Number 3965863

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Plum Creek Timber Operations I, L.L.C.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1. The name of the limited liability company is
WEYERHAEUSER TIMBER OPERATIONS I, L.L.C.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 22nd day of September, A.D. 2016

By: 

Authorized Person(s)

Name: Jose J. Quintana

Print or Type