

MI3000008127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

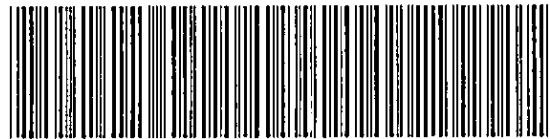
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2020 MAY -5 AM 7:58

2020 MAY -5 PM 12:59

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MAY 07 2020

**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 5/6/2020

Acc#I20160000072

*en: c Dll*

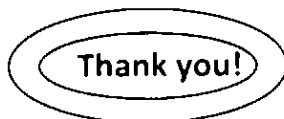
|             |                                |
|-------------|--------------------------------|
| Name:       | SUWANNEE TIMBER MANAGEMENT LLC |
| Document #: |                                |
| Order #:    | 12921568 - 48                  |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
|                                   | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
|   | Plain: <input type="checkbox"/>                |
|   | COGS: <input type="checkbox"/>                 |

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

|            |       |
|------------|-------|
| Amount: \$ | 55.00 |
|------------|-------|



**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)**

2020 MAY -6 AM 7:58

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: SUWANEE TIMBER MANAGEMENT LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000008127

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/24/2013

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

5. New name of the limited liability company: RESOLUTE CROSS CITY TIMBER MANAGEMENT LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(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 Agent

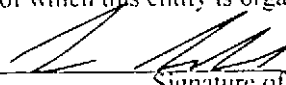
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

2020 MAY -6 AM 7:58

| <u>Title/ Capacity</u> | <u>Name</u>             | <u>Address</u>  | <u>Type of Action</u>                      |
|------------------------|-------------------------|---|--|
| MGR                    | BOGGESE, ANTHONY        | 40 S.W. 10th Street, Cross City, FL 32628                                 | <input type="checkbox"/> Add               |
|                        |                         |   | <input checked="" type="checkbox"/> Remove |
| MGR                    | SHIELDS, KEN            | 980-700 W. Georgia St Vancouver BC, V7Y 1B6 CA                            | <input type="checkbox"/> Add               |
|                        |                         |   | <input checked="" type="checkbox"/> Remove |
| MGR                    | LEWIS, YURI             | 980-700 W. Georgia St Vancouver BC, V7Y 1B6 CA                            | <input type="checkbox"/> Add               |
|                        |                         |   | <input checked="" type="checkbox"/> Remove |
| AMBR                   | RESOLUTE US LUMBER INC. | 111 Robert-Bourassa Blvd., Suite 5000<br>Montreal, Quebec, Canada H3C 2M1 | <input checked="" type="checkbox"/> Add    |
|                        |                         |   | <input type="checkbox"/> Remove            |
|                        |                         |   | <input type="checkbox"/> Add               |
|                        |                         |   | <input type="checkbox"/> Remove            |

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.

✓   
\_\_\_\_\_  
Signature of the authorized representative

Rémi Lalonde

\_\_\_\_\_  
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 "SUWANNEE TIMBER  
MANAGEMENT LLC", CHANGING ITS NAME FROM "SUWANNEE TIMBER  
MANAGEMENT LLC" TO "RESOLUTE CROSS CITY TIMBER MANAGEMENT LLC",  
FILED IN THIS OFFICE ON THE FIRST DAY OF MAY, A.D. 2020, AT  
5:44 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

5452501 8100  
SR# 20203361150

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202876818  
Date: 05-05-20

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF FORMATION  
OF  
SUWANNEE TIMBER MANAGEMENT LLC**

It is hereby certified that:

1. The name of the limited liability company is **SUWANNEE TIMBER MANAGEMENT LLC** (hereinafter called the "Company").

2. Pursuant to the Delaware Limited Liability Company Act, the Certificate of Formation of the Company is hereby amended as follows:

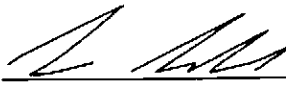
Article 1. of the Certificate of Formation of the Company is hereby deleted in its entirety and the following text is inserted in lieu thereof:

1.  
**The name of the limited liability company is:  
RESOLUTE CROSS CITY TIMBER MANAGEMENT LLC**

3. Except as hereby amended, the Certificate of Formation of the Company shall remain unchanged.

4. This amendment shall be effective as of the date of filing of this Certificate of Amendment.

Executed on this 1st day of May, 2020.

  
\_\_\_\_\_  
Rémi Lalonde, Authorized Person