M. 14000001590

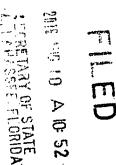
(Re	questor's Name)	,		
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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08/10/16--01013--023 **25.00



S Warren AUG 1 1 2016



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: August 8, 2016

Order#: 246491-001

Re: SOUTHLAND PROCESS GROUP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Mary Rivers

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.

1. N	ame of the limited liability company: SOUTH	LAND PROCESS GRO	OUP LLC
2. (a)	182 BEN BURTON CIRCLE S-500 Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOGART, GA 30622	2	
	03/07/2014		000001590
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	INCORP SERVICES INC.		
()	Registered Agent and Registered Office shown on the r	ecords of the Florida Dept. of	of State:
	17888 67TH COURT NORTH		
	Registered Office Address (MUST BE FLORIDA S	STREET ADDRESS)	
			(**
	LOXAHATCHEE	, FL <u>33470</u>	waseners of the second of the
(b)		1000	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	legistered Office address:	A ID: 52
	4004 Nove Obsest		52
	1201 Hays Street NEW Registered Office Address:		
	NEW Registered Office Address.		
	Tallahassee	, FL_ 32301	
the cha agent was/w	limited liability company is not organized unde ange or changes are made, the Florida street ad will be identical. Or, in the case of a Florida liere authorized by an affirmative vote of the me icles of organization or the operating agreemer	er the laws of the State Idress of the registered mited liability compan embers of the limited li nt of the limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signa	ature of a member or authorized representative of a memb		Printed or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent, ions of all statutes relative to the proper and colligations of my position as registered agent as rely reflect a change in the registered office add in writing of this change. The of Registered Agent Corporation Service Control	omplete performance o provided for in Chapte dress, I hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept to 605, F.S. Or, if this document is being filed that the limited liability company has been E. Kirby, Assistant Vice President
-	Division of Corporations		•