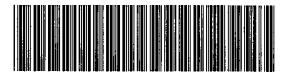
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J. HARRIS

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations								
Four Rivers Land & Timber Company LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Christopher Uzpen								
Name of Person								
Four Rivers Land & Timber Company LLC								
Firm/Company								
1700 Foley Lane								
Address								
Perry, FL 32347								
City/State and Zip Code								
mhoffman@interactivebrokers.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Christopher Uzpen 203 618-5937								
Name of Person Area Code & Daytime Telephone Number								
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								
Enclosed is a check for the following amount:								
■ \$25 Filing Fee								

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: Four Rivers L	and 8	k T	imber Co	mpany LLC		
2.	(a)	Four Rivers Land & Timber Company LLC		(b)	Four Riv	ers Land & Timbe	er Comp	oany LLC
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	N	Mailing address of limited (Note: MAY BE POST	•	
		1700 Foley Lane			1700 Fol	ley Lane		
		Perry, FL 32347	_		Perry, Fl	L 32347		
		10/12/2015		ľ	√150000	08154		
3.		Date of filing/registration in Florida	4.	_		Document number		- ·
5	(a)	F & L Corp						
٥,	(ω)	Registered Agent and Registered Office shown on the records of t	he Flori	da	Dept. of State	::		
		F & L Corp						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	SS)		•		
		One Independent Drive Suite 1300						
		Jacksonville , FL	3220	2			16 SEP	Z Z Z Z
O	(b)	Christopher Uzpen					₽ 25	光 田 明新元 6
	(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ıdd	ress:	•	P	25 25 25 25 25 25 25 25 25 25 25 25 25 2
		Christopher Uzpen				PH 12: 50	ORALE ORALE	
		NEW Registered Office Address:				•	0	
		1700 Foley Lane						
		Perry .FL	3234	7				
age wa	nt w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Of in the case of a Florida limited lia are authorized by an affurmative vote of the members of cles of organization or the operating agreement of the	es of the the regulation of the limited	ne S gist cor mi	npany, it is ted liability	s hereby confirmed the company or as other pany.	at the cha	ange(s)
<u>S</u>	ig nat	ure of a mepther or authorized representative of a member				Printed or typed name of	signee	
I h pro the to i not	ereb visio obli nere ified	by accept the appointment as registered agent and agree ons of all statutes yelding to the proper and complete parties of my position as registered agent as provided by reflect a charge in the registered office address, I have a charge of the charge.	ee to a perfori I for in ereby	ct i ma i Ci coi	in this capa nce of my a hapter 605, yfirm that t	acity. I further agree duties, and I am famil, , F.S. Or, if this docu the limited liability co	to compliar with is to ment is to mpany h	y with the and accept being filed as been

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