McGraw Page 2 of 3 To 11/29/2018

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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ann	Division of Corporations Fax Number : (852)617-6383 Account Name : C T CORPORATION Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 the email address for this busines bual report mailings. Enter only of hil Address:	s entity to be used for		IL EU
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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.

(E)	Principal office address of limited liability company: First Coast Land and Timber LLC (b) Mailing address of limited liability company:					
.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ling address of limited liability company: Note: MAY BE POST OFFICE BOX		
	977 Stagecoach Road		977 Stagecoac	h Road		
	Oglethorpe, GA 31068		Oglethorpe, GA 31068			
	11/28/2017		M17000010068			
	Date of filing/registration in Florida	4.	Do	ocument number		
(a)	Registered Agent and Registered Office shown on the records o					
	• • •	f the Florida	a Dept. of State:			
	SEFTON JOHN T		<u> </u>			
	Registered Office Address (MUST BE FLORIDA STREET 1 INDEPENDENT DR STE 3201	ADDRESS	2	18 HON 30		
	JACKSONVILLE	L 32202		11 JA JA		
(b)				SSEE, FLORI		
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	20 8		
	C T Corporation System			ORIU		
	NEW Registered Office Address:			7.*		
	1200 South Pine Island Road		~			
	Plantation, FI	L_33324				
cha nt w	mited liability company is not organized under the la nge or changes are made, the Florida street address o fill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the f the regis	State of Florid stered office an impany, it is he	d the business office of the registe reby confirmed that the change(s)		

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 meely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Angel Shoarer By:

Signature of Registered Agent

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

INHS18 (2/14)