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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (950) 617-6353

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512) 418-6549  
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 REGISTERED AGENT CHANGE  
PERRY SAWMILL, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 03      |
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SEP 13 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PERRY SAWMILL, LLC

\_\_\_\_\_  
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:

Marcie Davant

\_\_\_\_\_  
Name of Person

Butler Snow, LLP

\_\_\_\_\_  
Firm/Company

1020 Highland Colony Pkwy Ste 1400

\_\_\_\_\_  
Address

Ridgeland, MS, 39157-2139

\_\_\_\_\_  
City/State and Zip Code

MARCIE.DAVANT@BUTLERSNOW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dylan Doherty

at ( 312 ) 288-3560

\_\_\_\_\_  
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 6727  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

# 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. Name of the limited liability company: PERKY SAWMILL, LLC
2. (a) 2500 ST. MARYS ROAD ST. MARYS, GA 31558  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 2500 ST. MARYS ROAD ST. MARYS, GA 31558  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 01/12/1999 Date of filing/registration in Florida
4. M99000000042 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
MCINTYRE, GERALD

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

12232 SPRINGMOOR TWO COURT.

JACKSONVILLE, FL 32225

- (b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1260 South Pine Island Road.

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sarah Coker  
Signature of a member or authorized representative of a member

Sarah Coker, Secretary  
Printed or typed name of signer

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.

By: C T Corporation System  
Signature of Registered Agent

James M. Halpin

James M. Halpin  
Assistant Secretary

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

FILED  
2017 SEP -7 AM 10:52  
TALLAHASSEE, FLORIDA