NO100000380/

(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	e #)		
☐ PICK-UP	WAIT	MAIL		
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to Chy

DIVISION OF CORPORATION

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Treated Wood Council, Inc. (Name of	Corporation)			
DOCUMENT NUMBER: N0100003801				
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
(Name of C	Contact Person)			
	·			
Robb	oins Equitas Company)			
(runo)	Company)			
2620 Dr. N	Al I/ In Street N			
2639 Dr. MLK Jr. Street N. (Address)				
St. Petersb	ourg, Florida 33704 and Zip Code)			
(City/State	and Zip Code)			
For further information concerning this matter, please	e call:			
John I Kozak	at 727 \ 822-8696			
John J. Kozak (Name of Contact Person)	at (727) 822-8696 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Depa	artment of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of Florida	ris	
in ord	er to change us registered office or r	registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Treated Wood	Councit, Inc.		
2. The principa	l office address: 1111 19th Stree	et NW, Suite 800		
Washingt	on, DC 20036			
3. The mailing	address (if different):		<u>.</u>	
4. Date of incor	rporation/qualification: 5/29/01	Document number: N0100003801	<u> </u>	
	d street address of the current register artment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)		
	John J. Kozak, Esquire		a '	
	201 E. Kennedy Blvd., Suite 1700			
	Tampa, Florida 33602		OB DEC 15	
6. The name and (if changed):		l agent (if changed) and /or registered office	CORPORATION OF PM 2:	
	John J. Kozak, Esquire		2: TS	
	2639 Dr. MLK Jr. Street N.		O' TA	
	(P.O. Box NOT acco			
	St. Petersburg, Florida 3370)4		
The street address changed will	ess of its registered office and the s I be identical.	treet address of the business office of its register	ed agent,	
Such change w authorized by t	as authorized by resolution duly ad he board, or the corporation has bee	lopted by its board of directors or by an officer so en notified in writing of the change.)	
Jeffung	we of an officer or director)	JEFFREY T. MILLER PR	RELIBENT	
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered age, to comply with the provisions of almol I am familiar with and accept the ing filed merely to reflect a change is heen notified in writing of this characters.	(formance Or, if this 1 that the	
	will get	11/13/2008		
If signing on be	gnature of Registered (gent) chalf of an entity: Typed or Printed Name)	(Date)		
(typed of Ethiced Manie)			

* * * FILING FEE: \$35.00 * * *