P00000079429

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
AHASSEE FLORIDA

Marge Neurs 5-20-11

COVER LETTER

TO:	Amendme Division o	nt Section f Corporations		·		
SUBJ	ECT:	CUMBERLAND LAN	ND & TIME	BER, CORP.		
DOC	U MENT NU	MBER: F	20000079	9429		
		ement of Change of Registered (Office/Agent a	and fee are submit	ted for filing.	
		orrespondence concerning this n	•	•	g.	
٠.						
	JOHN L. SHADD Name of Contact Person					
rame of Contact Leison						
CUMBERLAND LAND & TIMBER, CORP.						
Firm/Company						
P.O. Box 506 Address						
	Lake Butler, Florida 32054					
City/State and Zip Code						
	-	E-mail address: (to be used	for future ani	nual report notif	ication)	
For fu	rther informa	ation concerning this matter, ple	ease call:			
		John L. Shadd	at (386	496-2631	
	Nai	ne of Contact Person	Ar	ea Code & Daytir	me Telephone Number	
Enclos	sed is a \$35.0	00 check made payable to the De	epartment of S	State.		
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns	Street Address: Amendment Se Division of Co Clifton Buildin 2661 Executive	rporations g	

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CUMBERLAND LAND & TIMBER, CORP.
2. The principal office address: 10317 5 W 158 We. LAKE Butlen, Fl. 32054
3. The mailing address (if different): P.O. BOX 506, LAKE BUTLER, FL 32054
4. Date of incorporation/qualification: April 12, 2006 Document number: P00000079429
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Avery C. Roberts
12469 West SR 100
Lake Butler, FL 32054
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
John L. Shadd
10317 SW 158th Ave. P.O. Box NOT acceptable
Lake Butlen, Fl 3205-4
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
John L. Shadd, President Signature of an officer or director Printed or typed name and title
Thereby 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
\mathcal{G}
If signing on behalf of an entity:
John L. Shadd, President Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)