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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	03/01/2019		
	MICHAEL PETERSON	<u> </u>	
	#:1047277		
		ASPHALT LAKE CITY, LLC	
•		#*	
☐ Artic	cles of Incorporation/Authoriz	ation to Transact Business	2019 SE(
☐ Am	endment	** •	2019 MAR - 1 SECRETARY TALLAHASSE
☑ Cha	ange of Agent	ar	SSE -
☐ Rei	nstatement		AM 8: 58 OF STATE E. FLOREN
☐ Cor	nversion		7 5 6
☐ Mer	rger		
☐ Dis	solution/Withdrawal		
☐ Fict	itious Name		
Oth	er		
Authorized	d Amount: \$25		
Signature:	M Min /	The state of the s	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	03/01/2019		
	MICHAEL PETERS	SON	
	e #: 1047277		
		TED ASPHALT LAKE CITY, LLC	_
☐ Ar	ticles of Incorporation/Auth	norization to Transact Business	
☐ An	nendment	SEC FALL	
₽ Ch	nange of Agent	SECRETAL TALLAHAS	
∏ R€		LED	
Co	onversion	AM 8: 58 GF STATE E, FLORIN	1
	erger	58	
☐ Di	ssolution/Withdrawal		
☐ Fid	ctitious Name		
☐ Ot	her		
Authorize Signature	ed Amount: \$2 e: Mhind	25	

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.

a)		(b)_					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change	1	No Char	nge			
	July 6. 2007	4/	19/2013	3			
	Date of filing/registration in Florida	٦. –		Document number			
(a)	Corporation Service Company						
	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State	· ::			
	1201 Hays Street						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS _I			LVTTY.	2019 M	
	Tallahassee F	132301-2	525		ETAR)	2019 MAR - I	-
b)	COGENCY GLOBAL INC.					2	C
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre	<u>·v</u> :		LORE	2. &	
	115 North Calhoun St., Suite 4				T M	00	
	NEW Registered Office Address:		 -				
	Suite 4						
	Tallahassee F	1 _. 32301					
nan Uwi wer	nited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited life authorized by an affirmative vote of the members les of organization or the operating agreement of the	of the register liability comp of the limited	ed office any, it is I liability ility comp	and the business of hereby confirmed the company or as other	lice of th	e regis	tere
iatu	re of a member or authorized representative of a member			Printed or typed name o	l'signee		
eh	v accept the appointment as registered agent and ag ns of all statutes relative to the proper and complete gations of my position as registered agent as provide v reflect a change in the registered office address. I in verting of this change	gree to act in a	his capac	city. I further agree	to comp	ly with	i the

Tim Mayville, Assistant Secretary

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

INHS18 (2/14)